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United S **Northern Distr** 

| States Bankruptcy Court           |                    |
|-----------------------------------|--------------------|
|                                   | Voluntary Petition |
| rict of Illinois Eastern Division |                    |

| Name of Debtor (if individual, enter Last, First, Middle):                                                                                                                                                                                                                            |                                   |                                      |                                |                                  | Name                            | Name of Joint Debtor (Spouse) (Last, First, Middle) |                                                                                                                                                                                                                      |                               |                          |                                      |       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------|--------------------------------|----------------------------------|---------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------|--------------------------------------|-------|--|
|                                                                                                                                                                                                                                                                                       |                                   | Akins,                               | John (                         | ວ                                |                                 |                                                     | Akins, Glenda Evangelist                                                                                                                                                                                             |                               |                          |                                      |       |  |
| All Other Names us<br>and trade names):                                                                                                                                                                                                                                               | sed by the De                     | ebtor in the last                    | t 8 years (inclu               | ıde married                      | , maiden                        |                                                     | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden and trade names):                                                                                                              |                               |                          |                                      |       |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) * ***-**-0334                                                                                                                                                         |                                   |                                      |                                |                                  |                                 | our digits of Soc.<br>re than one, state            | . Sec. or Individua<br>e all) *                                                                                                                                                                                      | al-Taxpayer I.D.<br>***-**-2( | , ,                      | plete EIN                            |       |  |
| Street Address of Debtor (No. & Street, City, and State):                                                                                                                                                                                                                             |                                   |                                      |                                |                                  |                                 |                                                     |                                                                                                                                                                                                                      | nt Debtor (No. & S            | Street, City, and        | I State):                            |       |  |
| 5351 W. M                                                                                                                                                                                                                                                                             |                                   | ‡ 2                                  |                                | _                                |                                 |                                                     | 51 W. Moi                                                                                                                                                                                                            |                               |                          |                                      |       |  |
| Chicago, II                                                                                                                                                                                                                                                                           | L<br>                             |                                      |                                |                                  | 60644                           |                                                     | icago, IL                                                                                                                                                                                                            |                               |                          |                                      | 60644 |  |
| County of Residence                                                                                                                                                                                                                                                                   | ce or of the P                    | •                                    |                                |                                  |                                 | Count                                               | ty of Residence                                                                                                                                                                                                      | or of the Principa            |                          |                                      |       |  |
|                                                                                                                                                                                                                                                                                       |                                   |                                      | OK                             |                                  |                                 |                                                     |                                                                                                                                                                                                                      |                               | СООК                     |                                      |       |  |
| Mailing Address of                                                                                                                                                                                                                                                                    | Debtor (if diff                   | ferent from stre                     | et address)                    |                                  |                                 | Mailin                                              | g Address of Joi                                                                                                                                                                                                     | iint Debtor (if diffe         | rent from street         | t address):                          |       |  |
| Location of Principa                                                                                                                                                                                                                                                                  | al Assets of E                    | 3usiness Debto                       | or (if different f             | rom street a                     | address above):                 |                                                     |                                                                                                                                                                                                                      |                               |                          |                                      |       |  |
| т,                                                                                                                                                                                                                                                                                    |                                   | or (Form of Organieck one box)       | nization)                      |                                  |                                 | eck one box.                                        |                                                                                                                                                                                                                      |                               | hich the Petitio         | inkruptcy Code<br>on is Filed (Check |       |  |
|                                                                                                                                                                                                                                                                                       | (includes Joii<br>t D on page 2 o | ,                                    |                                |                                  | ☐ Heath Care E                  |                                                     | e as                                                                                                                                                                                                                 | ☐ Chapter 7                   | _ <b>∐</b> Cha           | apter 15 Petition                    | -     |  |
|                                                                                                                                                                                                                                                                                       | on (includes L                    |                                      |                                |                                  | defined in 11 Railroad          | U.S.C §10                                           | 1 (51B)                                                                                                                                                                                                              | ☐ Chapter 1                   | a Foreign Main F         | roceeding                            |       |  |
| ☐ Partnershi                                                                                                                                                                                                                                                                          | ip                                |                                      |                                |                                  | Stockbroker                     |                                                     |                                                                                                                                                                                                                      | ☐ Chapter 1☐ Chapter 1        |                          | apter 15 Petition<br>a Foreign Nonma | -     |  |
| Other (If d                                                                                                                                                                                                                                                                           | debtor is not o                   | one of the abov<br>te type of entity |                                |                                  | Clearing Ban                    |                                                     |                                                                                                                                                                                                                      | П Опария.                     |                          |                                      |       |  |
| -                                                                                                                                                                                                                                                                                     |                                   | er 15 Debtors                        |                                |                                  | Other Tax-E                     | Exempt Enti                                         | xempt Entity Nature of Debts (Check one Box)                                                                                                                                                                         |                               |                          |                                      |       |  |
| Country of debtor's                                                                                                                                                                                                                                                                   |                                   |                                      |                                |                                  |                                 | box, if applica                                     | ox, if applicable.)  ■ Debts are primarily consumer □ Debts are                                                                                                                                                      |                               |                          |                                      |       |  |
| Each country in which against debtor is pe                                                                                                                                                                                                                                            | • .                               | proceeding by,                       | regarding, or                  | _                                | organization                    | under Title<br>s Code (the                          | nder Title 26 of the § 101(8) as "incurred by an business debts.  Code (the Internal individual primarily for a personal,                                                                                            |                               |                          |                                      |       |  |
|                                                                                                                                                                                                                                                                                       |                                   | Filing Fee (C                        | Check one box)                 |                                  |                                 | Ť                                                   |                                                                                                                                                                                                                      |                               | hapter 11 Debto          |                                      |       |  |
| Filing Fee attac                                                                                                                                                                                                                                                                      |                                   | -                                    |                                |                                  |                                 |                                                     | Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D)                                                                                                                                             |                               |                          |                                      |       |  |
| Filing Fee to be signed applicat unable to pay fe                                                                                                                                                                                                                                     | tion for the co                   | ourt's considera                     | ation certifying               | that the del                     | btor is                         |                                                     | Check if:  Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300. (amount subject to adjustment on 4/01/13 and ever theree years thereafter). |                               |                          |                                      |       |  |
| Filing Fee wavi                                                                                                                                                                                                                                                                       |                                   |                                      |                                |                                  | • •                             |                                                     | Check all applicable boxes:  A plan is being filed with this petition.  Acceptances of the plan were solicited prepetition from one of more classes                                                                  |                               |                          |                                      |       |  |
|                                                                                                                                                                                                                                                                                       |                                   |                                      |                                |                                  |                                 |                                                     | of creditors, in acccordance with 11 U.S.C. § 1126(b).                                                                                                                                                               |                               |                          |                                      |       |  |
| Statistical/Administrative Information  ☐ Debtor estimates that funds will be available for distribution to unsecured creditors.  ☐ Debtor estimates that, after any exempt property is excluded and administrative expenses funds available for distribution to unsecured creditors. |                                   |                                      |                                |                                  | ıses paid, tl                   | nere will be no                                     |                                                                                                                                                                                                                      |                               | This space is i          | or court use only28.00               |       |  |
| Estimated Number of                                                                                                                                                                                                                                                                   | f Creditors                       |                                      |                                |                                  |                                 |                                                     |                                                                                                                                                                                                                      |                               |                          | 1                                    |       |  |
| 1-<br>49                                                                                                                                                                                                                                                                              | 50-<br>99                         | 100-<br>199                          | 200-<br>999                    | 1,000-<br>5,000                  | 5,001-                          | 10,001<br>25,000                                    | 25,001<br>50,000                                                                                                                                                                                                     | 50,001<br>100,000             | Over<br>100,000          |                                      |       |  |
| Estimated Assets                                                                                                                                                                                                                                                                      |                                   |                                      |                                | <u>5,000</u>                     | _                               |                                                     | 50,000                                                                                                                                                                                                               |                               |                          | 1                                    |       |  |
| \$0 to<br>\$50,000                                                                                                                                                                                                                                                                    | \$50,001to<br>\$100,000           | \$100,001 to<br>\$500,000            | \$500,001<br>to \$1<br>million | \$1,000,00<br>to \$10<br>million | 01 \$10,000,001 \$<br>to \$50 f | \$50,000,001<br>to \$100<br>million                 | \$100,000,001<br>to \$500<br>million                                                                                                                                                                                 |                               | More than<br>\$1 billion |                                      |       |  |
| Estimated Liabilities  \$0 to \$50,000                                                                                                                                                                                                                                                | \$50,001 to<br>\$100,000          | \$100,001 to<br>\$500,000            | \$500,001<br>to \$1            | \$1,000,00<br>to \$10            | 10,000,001                      | \$50,000,001<br>to \$100                            | \$100,000,001 to \$500                                                                                                                                                                                               | \$500,000,001 to \$1billion   | More than \$1 billion    |                                      |       |  |

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| B1 (Official Form 1) (12/11) ) Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Page 2 of 53                                                                                           |                                              |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------|--|--|--|--|--|
| Voluntary Petition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of Debtor(s)                                                                                      |                                              |  |  |  |  |  |
| This page must be completed and filed in every case)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | John C Akins                                                                                           |                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Glenda Evangelist Akins                                                                                |                                              |  |  |  |  |  |
| All Prior Bankruptcy Case Filed Within Last 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Years (if more than two, attach additional sheet                                                       | )                                            |  |  |  |  |  |
| Location Where Filed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Case Number:                                                                                           | Date Filed:                                  |  |  |  |  |  |
| ILNBKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 07-23927                                                                                               | 12/20/2007                                   |  |  |  |  |  |
| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                              |  |  |  |  |  |
| Pending Bankruptcy Case Filed by any Spouse, Partner, or A Name of Debtor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Case Number:                                                                                           | Date Filed:                                  |  |  |  |  |  |
| Hame of Boston.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Case Number.                                                                                           | Suio i liou.                                 |  |  |  |  |  |
| District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Relationship:                                                                                          | Judge:                                       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | eauge.                                       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                              |  |  |  |  |  |
| Folkilli A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Evh                                                                                                    | ibit B                                       |  |  |  |  |  |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | I whose debts are primarily consumer debts.) |  |  |  |  |  |
| forms 10K and 10Q) with the Securities and Exchange Commission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I, the attorney for the petitioner named in the fo<br>have informed the petitioner that [he or she] ma |                                              |  |  |  |  |  |
| pursuant to Section 13 or 15 (d) of the Securities Exchange Act of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | or 13 of title 11, United States Code, and have                                                        |                                              |  |  |  |  |  |
| 1934 and is requesting relief under chapter 11.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | each such chapter. I further certify that I have                                                       | delivered to the debtor the notice           |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | required by 11 USC § 342(b).                                                                           |                                              |  |  |  |  |  |
| Exhibit A is attached and made a part of this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | /s/ Lizette                                                                                            | · Villegas                                   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Lizette Villegas                                                                                       | Dated: 03/30/2015                            |  |  |  |  |  |
| <b>Exh</b> i  Does the debtor own or have possession of any property that poses or is allege                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ibit C                                                                                                 | arm to public health or safety?              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | to pose a threat of miniment and identifiable ha                                                       | ann to public nearm of safety:               |  |  |  |  |  |
| Yes, and Exhibit C is attached and made a part of this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                              |  |  |  |  |  |
| No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |                                              |  |  |  |  |  |
| Exhi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ibit D                                                                                                 |                                              |  |  |  |  |  |
| (To be completed by every individual debtor. If a joint petition is file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ed, each spouse must complete and attach a sep                                                         | arate Exhibit D.)                            |  |  |  |  |  |
| Exhibit D completed and signed by the debtor is attached and made a part of this p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | petition.                                                                                              |                                              |  |  |  |  |  |
| If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached and made a particular to the property of the point debtor is attached and made a particular to the property of the property | rt of this petition.                                                                                   |                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u> </u>                                                                                               |                                              |  |  |  |  |  |
| Information Regardii                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ng the Debtor - Venue                                                                                  |                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | oplicable Box.)                                                                                        | District for 400 days                        |  |  |  |  |  |
| Debtor has been domiciled or has had a residence, principal pl<br>immediately preceding the date of this petition or for a longer p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        | -                                            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | an on out. 100 days than in any other 2100                                                             |                                              |  |  |  |  |  |
| There is a bankruptcy case concerning debtor's affiliate, gener                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | al partner, or partnership pending in this D                                                           | istrict.                                     |  |  |  |  |  |
| Debtor is a debtor in a foreign proceeding and has its principal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | place of husiness or principal assets in the                                                           | Linited                                      |  |  |  |  |  |
| States in this District, or has no principal place of business or a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |                                              |  |  |  |  |  |
| or proceeding [in a federal or state court] in this District, or the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | interests of the parties will be served in reg                                                         | ard to the                                   |  |  |  |  |  |
| relief sought in this District.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                              |  |  |  |  |  |
| Certification by a Debtor Who Reside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | es as a Tenant of Residential Pro                                                                      | perty                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                                                                                      | ete the                                      |  |  |  |  |  |
| Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                              |  |  |  |  |  |
| (Name of landlord that obtained judgment)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                              |  |  |  |  |  |
| (Address of Landlord)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                              |  |  |  |  |  |
| Debtor claims that under applicable nonbankruptcy law, there a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | are circumstances under which the debtor v                                                             | vould be                                     |  |  |  |  |  |
| permitted to cure the entire monetary default that gave rise to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ne judgment for possession, after the judgr                                                            | nent for                                     |  |  |  |  |  |
| possession was entered, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                              |  |  |  |  |  |
| Debtor has included in this petition the deposit with the court of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | any rent that would become due during the                                                              | e 30-day                                     |  |  |  |  |  |
| period after the filing of the petition.  Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |                                              |  |  |  |  |  |

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#### **Voluntary Petition**

This page must be completed and filed in every case)

### Name of Joint Debtor(s)

# John C Akins Glenda Evangelist Akins

## **Signatures**

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7,11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### /s/ John C Akins

#### John C Akins

Dated: 03/25/2015

### /s/ Glenda Evangelist Akins

### Glenda Evangelist Akins

Dated: 03/25/2015

### Signature of Attorney

### /s/ Lizette Villegas

Signature of Attorney for Debtor(s)

### Lizette Villegas

Printed Name of Attorney for Debtor(s)

GERACI LAW L.L.C. 55 E. Monroe St., #3400 Chicago, IL 60603 Phone: 312-332-1800

\_ ---

Date: 03/30/2015

\* In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnerhsip)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for fi ling for a debtor or accepting any fee from the debtor, as required in that section.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

#### Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person .

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. check one of the five statements below and attach any documents as directed.

|                                                                                                                                                                       | John C Akins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Date                                                                                                                                                                  | Dated: 03/25/2015 /s/ John C Akins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |
| l cer                                                                                                                                                                 | I certify under penalty of perjury that the information provided above is true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
| 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                       | Active military duty in a military combat zone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                       | Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                       | Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                                                                                                                                       | 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |
|                                                                                                                                                                       | If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing. |  |  |  |  |  |  |
|                                                                                                                                                                       | 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                       | 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunties for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                       | 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunties for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.                                                                                                                                                                                               |  |  |  |  |  |  |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. check one of the five statements below and attach any documents as directed.

|       |                                                                                                                               | Glenda Evangelist Akins                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |  |
|-------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|
| Dat   | ed: 03/25/2015                                                                                                                | /s/ Glenda Evangelist Akins                                                                                                                                                                                                                                                                                                                                                                 | X Date & Sign                                                                |  |
| l cer | tify under penalty of perjury tha                                                                                             | t the information provided above is true and correct.                                                                                                                                                                                                                                                                                                                                       |                                                                              |  |
|       | The United States trustee or b does not apply in this district.                                                               | ankruptcy administrator has determined that the credit counseling requir                                                                                                                                                                                                                                                                                                                    | rement of 11 U.S.C. § 109(h)                                                 |  |
|       | Active military duty in a milita                                                                                              | ary combat zone.                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |  |
|       | , ,                                                                                                                           | S.C. § 109(h)(4) as physically impaired to the extent of being unable, after in person, by telephone, or through the Internet.);                                                                                                                                                                                                                                                            | er reasonable effort, to                                                     |  |
|       | , , ,                                                                                                                         | S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficis with respect to financial responsibilities.);                                                                                                                                                                                                                                                                    | ciency so as to be incapable                                                 |  |
|       | 4. I am not required to receive a d<br>by a motion for determination by the cou                                               | credit counseling briefing because of: [Check the applicable statement.] rt.]                                                                                                                                                                                                                                                                                                               | [Must be accompanied                                                         |  |
|       | your bankruptcy petition and promptly fil<br>management plan developed through th<br>of the 30-day deadline can be granted or | to the court, you must still obtain the credit counseling briefing within the sea certificate from the agency that provided the counseling, together with the agency. Failure to fulfill these requirements may result in dismissal of only for cause and is limited to a maximum of 15 days. Your case may a or filing your bankruptcy case without first receiving a credit counseling be | th a copy of any debt<br>your case. Any extension<br>Iso be dismissed if the |  |
|       | seven days from the time I made my req                                                                                        | counseling services from an approved agency but was unable to obtain<br>juest, and the following exigent circumstances merit a temporary waiver<br>case now. [Must be accompanied by a motion for determination by the contract                                                                                                                                                             | of the credit counseling                                                     |  |
|       | the United States trustee or bankruptcy performing a related budget analysis, but                                             | e filing of my bankruptcy case, I received a briefing from a credit counsel administrator that outlined the opportunties for available credit counselin at I do not have a certificate from the agency describing the services provided to you and a copy of any debt repayr is after your bankruptcy case is filed.                                                                        | g and assisted me in vided to me. You must                                   |  |
|       | the United States trustee or bankruptcy performing a related budget analysis, an                                              | e filing of my bankruptcy case, I received a briefing from a credit counsell administrator that outlined the opportunties for available credit counseling of I have a certificate from the agency describing the services provided to be payment plan developed through the agency.                                                                                                         | g and assisted me in                                                         |  |

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B6 Summary (Official Form 6 - Summary) (12/14)

In re

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

Case No. Chapter 7

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, C, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE                                            | Attached<br>YES   NO | NO. OF SHEETS | ASSETS                   | LIABILITIES                   | OTHER   |
|-------------------------------------------------------------|----------------------|---------------|--------------------------|-------------------------------|---------|
| SCHEDULE A - Real Property                                  | Yes                  | 1             | \$0                      | \$0                           | \$0     |
| SCHEDULE B - Personal Property                              | Yes                  | 3             | \$11,469                 | \$0                           | \$0     |
| SCHEDULE C - Property Claimed as Exempt                     | Yes                  | 1+            | \$0                      | \$0                           | \$0     |
| SCHEDULE D - Creditors Holding Secured Claims               | Yes                  | 1+            | \$0                      | \$0                           | \$0     |
| SCHEDULE E - Creditors Holding Unsecured Priority Claims    | Yes                  | 2             | \$0                      | \$0                           | \$0     |
| SCHEDULE F - Creditors Holding Unsecured Nonpriority Claims | Yes                  | 1+            | \$0                      | \$32,591                      | \$0     |
| SCHEDULE G - Executory Contracts and Unexpired Leases       | Yes                  | 1             | \$0                      | \$0                           | \$0     |
| SCHEDULE H - CoDebtors                                      | Yes                  | 1             | \$0                      | \$0                           | \$0     |
| SCHEDULE I - Current Income of Individual Debtor(s)         | Yes                  | 1             | \$0                      | \$0                           | \$5,750 |
| SCHEDULE J - Current Expenditures of Individual Debtor(s)   | Yes                  | 1             | \$0                      | \$0                           | \$5,027 |
| TOTALS                                                      |                      |               | \$11,469<br>TOTAL ASSETS | \$32,591<br>TOTAL LIABILITIES |         |

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B6 Summary (Official Form 6 - Summary) (12/14)

In re

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

Case No. Chapter 7

# STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

| STATISTICAL SUMMARY OF CERTAIN I                                                                                                          | LIABILITIES               | S AND KELATED DA         | 1A (28 U.S.C. § 159) |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|----------------------|
| If you are an individual debtor whose debts are primarily cons U.S.C. 101(8)), filing a case under chapter 7, 11 or 13, you must re       |                           |                          | ruptcy Code (11      |
| Check this box if you are an individual debtor whose debts are NOT prinformation here.                                                    | debts and, therefore, are | not required to report a |                      |
| This information is for statistical purposes only under 28 U.S.C §<br>Summarize the following types of liabilities, as reported in the Sc |                           | tal tham                 |                      |
| summarize the following types of habilities, as reported in the SC                                                                        | chedules, and to          | tai them                 |                      |
| Type of Liability                                                                                                                         |                           | Amount                   |                      |
| Domestic Support Obligations (From Schedule E)                                                                                            |                           | \$0.00                   |                      |
| Taxes and Certain Other Debts Owed to governmental Units (From Schedule E)                                                                |                           | \$0.00                   |                      |
| Claims for Death or Personal Injury While Debtor was Intoxicate (From Schedule E) whether disputed or undisputed)                         | ed                        | \$0.00                   |                      |
| Student Loan Obligations (From Schedule F)                                                                                                |                           | \$0.00                   |                      |
| Domestic Support Separation Agreement and Divorce Decree Obligations Not Reported on (Schedule E).                                        |                           | \$0.00                   |                      |
| Obligations to Pension or Profit Sharing and Other Similar<br>Obligations (From Schedule F)                                               | \$0.00                    |                          |                      |
|                                                                                                                                           | TOTAL                     | \$0.00                   |                      |
| State the following:                                                                                                                      |                           |                          |                      |
| Average Income /from Schedule I, Line 16,                                                                                                 |                           | \$5,750.23               |                      |
| Average Expenses (from Schedule J, Line 18)                                                                                               |                           | \$5,027.00               |                      |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 2 14; or, Form 22C-1 Line 14)                                                   | \$6,492.18                |                          |                      |
| State the following:                                                                                                                      |                           |                          |                      |
| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                                                                                 |                           |                          | \$0.00               |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column                                                                            |                           | \$0.00                   |                      |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" Column                                                                |                           |                          | \$0.00               |

4. Total from Schedule F

5. Total of non-priority unsecured debt (sum of 1,3 and 4)

\$32,591.00

\$32,591.00

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property Husband Wife Joint Or Community |          | Current Value of Debtors<br>Interest in Property<br>Without Deducting and<br>Secured Claim or<br>Exemption | Amount of<br>Secured Claim |
|--------------------------------------|-------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------|----------------------------|
| [X] None                             |                                                                         |          |                                                                                                            |                            |
| Total Ma                             | rket Value of Real                                                      | Property | \$0.00                                                                                                     |                            |

(Report also on Summary of Schedules)

B6A (Official Form 6A) (12/07) Page 1 of 1 Record # 637636

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

# **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "HWJC." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

#### Do not list interest in executory and unexpired leases on this schedule. List them in Schedule G.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property                                                                                                                                                                                                            | NONE | Description and Location of Property                                                                | C<br>A<br>M | Current Value of<br>Debtor's Interest<br>in Property,<br>Without Deducting<br>Any Secured |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------|
| 01. Cash on Hand                                                                                                                                                                                                            | X    |                                                                                                     |             |                                                                                           |
| 02. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations or credit unions, brokerage houses, or cooperatives. |      |                                                                                                     |             |                                                                                           |
|                                                                                                                                                                                                                             |      | Checking account with - Chase Bank                                                                  | J           | \$700                                                                                     |
|                                                                                                                                                                                                                             |      | Pre-paid debit card with - H&R Block                                                                | J           | \$750                                                                                     |
|                                                                                                                                                                                                                             |      | Checking account with - Chase Bank                                                                  | w           | \$150                                                                                     |
| 03. Security Deposits with public utilities, telephone companies, landlords and others.                                                                                                                                     | X    |                                                                                                     |             |                                                                                           |
| 04. Household goods and furnishings, including audio, video, and computer equipment.                                                                                                                                        |      | Used household goods; TV, DVD player, TV stand, stereo, sofa, vacuum, table, chairs, lamps, bedroom | J           | \$2,000                                                                                   |
|                                                                                                                                                                                                                             |      | sets, washer/dryer, stove, refrigerator, microwave, dishes/flatware, pots/pans, rugs.               |             |                                                                                           |
| 05. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.                                                                                        |      | Books, CD's, DVD's, Tapes/Records, Family Pictures                                                  | J           | \$80                                                                                      |
| 06. Wearing Apparel                                                                                                                                                                                                         |      | Necessary wearing apparel.                                                                          | J           | \$200                                                                                     |

Record # 637636 B6B (Official Form 6B) (12/07) Page 1 of 3

# Document Page 10 of 53 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

| S                                                                                                                                                                                                                                                           | SCHEDULE B - PERSONAL PROPERTY |                                                    |         |                                                                                           |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|---------|-------------------------------------------------------------------------------------------|--|--|
| Type of Property                                                                                                                                                                                                                                            | N O N E                        | Description and Location of Property               | H W J C | Current Value of<br>Debtor's Interest<br>in Property,<br>Without Deducting<br>Any Secured |  |  |
| 07. Furs and jewelry.                                                                                                                                                                                                                                       |                                |                                                    |         |                                                                                           |  |  |
|                                                                                                                                                                                                                                                             |                                | Earrings, watch, costume jewelry, and wedding band | J       | \$350                                                                                     |  |  |
| 08. Firearms and sports, photographic, and other hobby equipment.                                                                                                                                                                                           | X                              |                                                    |         |                                                                                           |  |  |
| 09. Interests in insurance policies. Name<br>insurance company of each policy and<br>itemize surrender or refund value of each.                                                                                                                             | X                              |                                                    |         |                                                                                           |  |  |
| 10. Annuities. Itemize and name each issuer.                                                                                                                                                                                                                | X                              |                                                    |         |                                                                                           |  |  |
| 11. Interests in an educational IRA as defined in 26 U.S.C 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(B)(1). Give particulars. (File separately the records(s) of any such interest(s). 11 U.S.C. 521(c); Rule 1007(b)). | X                              |                                                    |         |                                                                                           |  |  |
| 12. Interest in IRA,ERISA, Keogh, or other pension or profit sharing plans. Give particulars                                                                                                                                                                |                                | 401(k) w/ Employer/Former Employer - 100% Exempt.  | w       | Unknown                                                                                   |  |  |
| 13. Stocks and interests in incorporated and unincorporated businesses.                                                                                                                                                                                     | X                              |                                                    |         |                                                                                           |  |  |
| 14. Interest in partnerships or joint ventures. Itemize. Itemize.                                                                                                                                                                                           | X                              |                                                    |         |                                                                                           |  |  |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments.                                                                                                                                                                     | X                              |                                                    |         |                                                                                           |  |  |
| 16. Accounts receivable                                                                                                                                                                                                                                     | X                              |                                                    |         |                                                                                           |  |  |
| 17. Alimony, maintenance, support and property settlements to which the debtor is or may be entitled                                                                                                                                                        | X                              |                                                    |         |                                                                                           |  |  |
| 18. Other liquidated debts owing debtor including tax refunds. Give particulars.                                                                                                                                                                            | X                              |                                                    |         |                                                                                           |  |  |
| 19. Equitable and future interests, life estates, and rights of power exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.                                                                                      | X                              |                                                    |         |                                                                                           |  |  |
| 20. Contingent and Non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.                                                                                                                                   | X                              |                                                    |         |                                                                                           |  |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counter claims of the debtor, and rights to setoff claims. Give estimated value of each.                                                                               | X                              |                                                    |         |                                                                                           |  |  |
| 22. Patents, copyrights and other intellectual property. Give particulars.                                                                                                                                                                                  | X                              |                                                    |         |                                                                                           |  |  |

# Document Page 11 of 53 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

| S                                                                                                                                                                                                                                                                                  | CH      | EDULE B - PERSONAL PROPERTY                                                                                                                                 |     |                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------|
| Type of Property                                                                                                                                                                                                                                                                   | N O N E | Description and Location of Property                                                                                                                        | C H | Current Value of<br>Debtor's Interest<br>in Property,<br>Without Deducting<br>Any Secured |
| 23. Licenses, franchises and other general intangibles                                                                                                                                                                                                                             | X       |                                                                                                                                                             |     |                                                                                           |
| 24. Customer list or other compilations containing personally identifiable information (as defined in 11 USC 101 41A provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes | X       |                                                                                                                                                             |     |                                                                                           |
| 25. Autos, Truck, Trailers and other vehicles and accessories.                                                                                                                                                                                                                     |         | 2003 Chevrolet Express 1500 with over 80,000 miles - in poor condition, was the subject of a vandalism/burglarly 2006 Dodge Durango with over 121,000 miles | w   | \$3,500<br>\$3,739                                                                        |
| 26. Boats, motors and accessories.                                                                                                                                                                                                                                                 | X       |                                                                                                                                                             |     |                                                                                           |
| 27. Aircraft and accessories.                                                                                                                                                                                                                                                      | X       |                                                                                                                                                             |     |                                                                                           |
| 28. Office equipment, furnishings, and supplies.                                                                                                                                                                                                                                   | X       |                                                                                                                                                             |     |                                                                                           |
| 29. Machinery, fixtures, equipment, and supplie used in business.                                                                                                                                                                                                                  | X       |                                                                                                                                                             |     |                                                                                           |
| 30. Inventory                                                                                                                                                                                                                                                                      | X       |                                                                                                                                                             |     |                                                                                           |
| 31. Animals                                                                                                                                                                                                                                                                        | X       |                                                                                                                                                             |     |                                                                                           |
| 32. Crops-Growing or Harvested. Give particulars.                                                                                                                                                                                                                                  | X       |                                                                                                                                                             |     |                                                                                           |
| 33. Farming equipment and implements.                                                                                                                                                                                                                                              | X       |                                                                                                                                                             |     |                                                                                           |
| 34. Farm supplies, chemicals, and feed.                                                                                                                                                                                                                                            | X       |                                                                                                                                                             |     |                                                                                           |
| 35. Other personal property of any kind not already listed. Itemize.                                                                                                                                                                                                               | X       |                                                                                                                                                             |     |                                                                                           |

Total

(Report also on Summary of Schedules)

\$11,469.00

Record # 637636 B6B (Official Form 6B) (12/07) Page 3 of 3

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

# SCHEDULE C - PROPERTY CLAIMED EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: (Check one box) | Check if debtor claims a homestead exemption that exceeds \$146,450.*                                                                          |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)                                     | * Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment. |

| Description of Property                                                                                                                                                                   | Specify Law Providing Each<br>Exemption        | Value of<br>Claimed<br>Exemption | Current Value of<br>Property without<br>Deducting<br>Exemption |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------|----------------------------------------------------------------|
| 02. Checking, savings or other                                                                                                                                                            |                                                |                                  |                                                                |
| Checking account with - Chase Bank                                                                                                                                                        | 735 ILCS 5/12-1001(b)                          | \$ 150                           | \$150                                                          |
| Checking account with - Chase Bank                                                                                                                                                        | 735 ILCS 5/12-1001(b)                          | \$ 700                           | \$700                                                          |
| Pre-paid debit card with - H&R Block                                                                                                                                                      | 735 ILCS 5/12-1001(b)                          | \$ 750                           | \$750                                                          |
| 04. Household goods and furnishings.                                                                                                                                                      |                                                |                                  |                                                                |
| Used household goods; TV, DVD player, TV stand, stereo, sofa, vacuum, table, chairs, lamps, bedroom sets, washer/dryer, stove, refrigerator, microwave, dishes/flatware, pots/pans, rugs. | 735 ILCS 5/12-1001(b)                          | \$ 2,000                         | \$2,000                                                        |
| 05. Books, pictures and other                                                                                                                                                             |                                                |                                  |                                                                |
| Books, CD's, DVD's, Tapes/Records, Family Pictures                                                                                                                                        | 735 ILCS 5/12-1001(a)                          | \$ 80                            | \$80                                                           |
| 06. Wearing Apparel                                                                                                                                                                       |                                                |                                  |                                                                |
| Necessary wearing apparel.                                                                                                                                                                | 735 ILCS 5/12-1001(a),(e)                      | \$ 200                           | \$200                                                          |
| 07. Furs and jewelry.                                                                                                                                                                     |                                                |                                  |                                                                |
| Earrings, watch, costume jewelry, and wedding band                                                                                                                                        | 735 ILCS 5/12-1001(a),(e)                      | \$ 350                           | \$350                                                          |
| 12. Interest in IRA,ERISA, Keo                                                                                                                                                            |                                                |                                  |                                                                |
| 401(k) w/ Employer/Former Employer - 100% Exempt.                                                                                                                                         | 735 ILCS 5/12-1006                             | In Full                          | Unknown                                                        |
| 25. Autos, Truck, Trailers and                                                                                                                                                            |                                                |                                  |                                                                |
| 2003 Chevrolet Express 1500 with over 80,000 miles - in poor condition, was the subject of a vandalism/burglarly                                                                          | 735 ILCS 5/12-1001(b)                          | \$ 3,000                         | \$3,500                                                        |
| 2006 Dodge Durango with over 121,000 miles                                                                                                                                                | 735 ILCS 5/12-1001(c)<br>735 ILCS 5/12-1001(b) | \$ 2,400<br>\$ 1,000             | \$3,739                                                        |

<sup>\*</sup> Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filled, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s) on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

| Creditor's Name and Mailing Address<br>Including Zip and Account Number<br>(See Instructions Above) | Codebtor | C<br>A<br>H | * Date Claim was Incured  * Nature of Lien  *Value of Property Subject to Lien  *Description of Property | Contingent | Unliquidated | Disputed | Amount of<br>Claim Without<br>Deducting<br>Value of<br>Collateral | Unsecured<br>Portion, If<br>Any |
|-----------------------------------------------------------------------------------------------------|----------|-------------|----------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------------------------------------------------|---------------------------------|
| X] None                                                                                             |          |             |                                                                                                          |            |              |          |                                                                   |                                 |
|                                                                                                     |          |             | Total Amount of Unsecured (Report also on Summary of S                                                   |            |              |          | \$ 0                                                              | \$ 0                            |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

U.S.C. § 507 (a)(9).

Claims for death or personal injury while debtor was intoxicated

alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

Bankruptcy Docket #:

Judge:

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data

with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations** Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of Credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but bfore the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). Deposits by individuals Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). Taxes and certain other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to maintain the capital of insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution.

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using

Case 15-11350 Doc 1 Filed 03/30/15 Entered 03/30/15 15:12:37 Desc Main Document Page 15 of 53  $^{\star}$  Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Н **Date Claim Was Incured and** Amount Disputed Codebtor Amount Creditor's Name, Mailing Address w **Consideration For Claim** Entitled **Including Zip Code and Account Number** of Claim J to (See Instructions Above) С Priority [X] None **Total Amount of Unsecured Priority Claims \$0** (Report also on Summary of Schedules)

Record # 637636 B6E (Official Form 6E) (04/13) Page 2 of 2

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

|   | <b>_</b>                                                                                            |          |             |                                                                                                    |  |              |          |                    |
|---|-----------------------------------------------------------------------------------------------------|----------|-------------|----------------------------------------------------------------------------------------------------|--|--------------|----------|--------------------|
|   | Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above)     | Codebtor | C<br>H<br>M | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State |  | Unliquidated | Disputed | Amount of<br>Claim |
| 1 | American General Finance Bankruptcy Department PO Box 3121 Evansville IN 47731                      |          |             | Dates: 2006 Reason: Debt Owed                                                                      |  |              |          | \$4,325            |
|   | Acct #: 06-M1-171720                                                                                |          |             |                                                                                                    |  |              |          |                    |
| 2 | AT T C/O Enhanced Recovery CO L 8014 Bayberry Rd Jacksonville FL 32256 Acct #: 105774345            |          |             | Dates: 2014-2014 Reason: Collecting for Creditor                                                   |  |              |          | \$1,487            |
| 3 | ATG Credit, LLC Bankruptcy Department PO Box 14895 Chicago IL 60614 Acct #: XXX-XX-0334             |          |             | Dates: 2011<br>Reason: Debt Owed                                                                   |  |              |          | \$132              |
| 4 | Barnes Auto Bankruptcy Department 2125 N. Cicero Chicago IL 60639 Acct #: XXX-XX-0334 & XXX-XX-2076 |          |             | Dates: 2012 Reason: Deficiency, Repo'd/Surr'd Auto                                                 |  |              |          | \$1,811            |
|   | ACCL #. AAA-AA-USS4 & AAA-AA-2U/6                                                                   |          |             |                                                                                                    |  |              |          |                    |

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John C Akins and Glenda Evangelist Akins / Debtors

In re

11 Commonwealth Edison

Attn: System Credit/BK Dept

Acct #: XXX-XX-0334 & XXX-XX-2076

3 Lincoln Center 4th Floor Oakbrook Terrace IL 60181 Bankruptcy Docket #:

Judge:

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS Unliquidated н Contingent Date Claim Was Incurred and Disputed Codebtor Creditor's Name, Mailing Address Including Amount of W Consideration For Claim. **Zip Code and Account Number** Claim J If Claim is Subject to Setoff, So State (See Instructions Above) С **Capital One Bank** Dates: 2013 **Bankruptcy Department** \$200 Reason: Credit Card or Credit Use PO Box 60024 City Of Industry CA 91716 Acct #: XXX-XX-0334 City Of Berwyn Dates: Bankruptcy Dept \$100 Reason: Fines 6401 W. 31st St Berwyn IL 60402 Acct #: XXX-XX-0334 & XXX-XX-2076 City of Chicago Bureau Parking Dates: Department of Revenue \$1,700 Reason: **Parking tickets Ordinance Violatic** PO Box 88292 Chicago IL 60680 Acct #: XXX-XX-0334 & XXX-XX-2076 **CMRE Financial SVCS IN** Dates: 2013-2013 Attn: Bankruptcy Dept. **Medical Debt** \$624 Reason: 3075 E Imperial Hwy Ste Brea CA 92821 Acct #: T790VANU020025156780 Comcast-Chicago Dates: 2010-2010 C/O Credit Management LP Reason: Collecting for Creditor \$740 4200 International Pkwy Carrollton TX 75007 Acct #: 43006854 10 Comcast-Chicago Dates: 2010-2010 C/O Credit Management LP \$885 Reason: **Collecting for Creditor** 4200 International Pkwy Carrollton TX 75007 Acct #: 43006854

Record # 637636 B6F (Official Form 6F) (12/07) Page 2 of 4

Dates:

Reason:

2010

**Utility Bills/Cellular Service** 

\$5,364

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

# SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

| Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above) | Codebtor | C<br>A<br>H | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
|-------------------------------------------------------------------------------------------------|----------|-------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| 12 Hartgrove Hospital Bankruptcy Dept. 5730 Roosevelt Road Chicago IL 60644 Acct #: XXX-XX-0334 |          |             | Dates: 2013 Reason: Medical/Dental Services                                                        |            |              |          | \$755              |

## Law Firm(s) | Collection Agent(s) Representing the Original Creditor

Grant & Weber Bankruptcy Dept. 26610 Agoura Road, Suite 209 Calabasas CA 91302

| 13 IL DEPT OF Human SVCS C/O Harvard Collection 4839 N Elston Ave Chicago IL 60630 Acct #: 16826667                                       | Dates: 2014-2014 Reason: Collecting for Creditor | \$136   |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------|
| 14 Illinois State Toll Hwy Auth Attn: Legal Dept - Bob Lane 2700 Ogden Ave. Downers Grove IL 60515-1703 Acct #: XXX-XX-0334 & XXX-XX-2076 | Dates: 2010<br>Reason: Fines                     | \$283   |
| 15 Keystone Orthopedics Bankruptcy Dept. 3330 W. 177th St., #2C Hazel Crest IL 60429 Acct #: XXX-XX-0334                                  | Dates: 2012 Reason: Medical/Dental Services      | \$269   |
| 16 Loyola Univ. Med. Center Attn: Bankruptcy Department PO Box 95009 Chicago IL 60694 Acct #: XXX-XX-0334 & XXX-XX-2076                   | Dates: 2014 Reason: Medical/Dental Service       | \$1,015 |
| 17 MCSI Bankruptcy Department 7330 College Dr. Palos Heights IL 60463                                                                     | Dates: 2014 Reason: Debt Owed                    | \$500   |
| Acct #: XXX-XX-0334 & XXX-XX-2076                                                                                                         |                                                  |         |

Record # 637636 B6F (Official Form 6F) (12/07) Page 3 of 4

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

# SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

| Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above)         | Codebtor | C<br>A<br>H | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
|---------------------------------------------------------------------------------------------------------|----------|-------------|----------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| 18 North Star Trust Co. Bankruptcy Dept. 311 W. Monroe St., #1400 Chicago IL 60606 Acct #: 10-M1-707887 |          |             | Dates: 2010 Reason: Housing/Rental/Lease                                                           |            |              |          | \$8,050            |

## Law Firm(s) | Collection Agent(s) Representing the Original Creditor

Clerk, First Mun Div 10-M1-707887 50 W. Washington St., Rm. 1001 Chicago IL 60602

Edgar A Vega

2642 W. Division, 2nd Floor Chicago IL 60622

| 19 Peoples Gas Bankruptcy Department 130 E. Randolph Dr. Chicago IL 60601-6207 Acct #: XXX-XX-0334 & XXX-XX-2076 | Dates: Reason: Utility Bills/Cellular Service      | \$0     |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------|
| 20 Sprint Bankruptcy Dept. PO Box 7949 Overland Park KS 66207 Acct #: XXX-XX-0334 & XXX-XX-2076                  | Dates: 2014 Reason: Utility Bills/Cellular Service | \$700   |
| 21 Village of South Holland Bankruptcy Department 16226 Wausau Ave. South Holland IL 60473 Acct #: XXX-XX-0334   | Dates: 2009 Reason: Fines                          | \$250   |
| 22 Wow Internet & Cable Bankruptcy Department PO Box 63000 Colorado Springs CO 80962 Acct #: XXX-XX-0334         | Dates: 2014 Reason: Cable Bill                     | \$1,018 |

**Total Amount of Unsecured Claims** 

(Report also on Summary of Schedules)

\$ 30,344

Record # 637636

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

Bankruptcy Docket #:

Judge:

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| 1 |  |
|---|--|
|   |  |
| 1 |  |
|   |  |
|   |  |

In re

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address,
Including Zip Code,
of Other Parties to Lease or Contract.

Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Non-Residential Real Property. State Contract Number or Any Government Contract.

[X] None

Record # 637636 B6G (Official Form 6G) (12/07) Page 1 of 1

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor 's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the

| Check this box if debtor has no codebtors. |
|--------------------------------------------|
| Name and Address of CoDebtor               |

Name and Address of the Creditor

[X] None

Record # 637636 B6G (Official Form 6G) (12/07) Page 1 of 1

| Fill in this in           | formation to ident | tify your case:                   |           |                     |
|---------------------------|--------------------|-----------------------------------|-----------|---------------------|
| Debtor 1                  | John               | С                                 | Akins     |                     |
|                           | First Name         | Middle Name                       | Last Name |                     |
| Debtor 2                  | Glenda             | Evangelist                        | Akins     |                     |
| (Spouse, if filing)       | First Name         | Middle Name                       | Last Name |                     |
| United States Case Number |                    | the : <u>NORTHERN DISTRICT OF</u> | ILLINOIS_ | Check if this is:   |
| (If known)                |                    |                                   |           | ☐ An amended filing |
|                           |                    |                                   |           | A supplement sho    |

| Che | ck if this is:                              |
|-----|---------------------------------------------|
|     | An amended filing                           |
|     | A supplement showing post-petition          |
|     | chapter 13 income as of the following date: |
|     |                                             |

MM / DD / YYYY

Official Form B 61

### **Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Describe Employment                                                                                                                   |                                 |                           |                      |                                   |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|----------------------|-----------------------------------|
| 1. | Fill in your employment information                                                                                                         |                                 | Debtor 1                  |                      | Debtor 2 or non-filling spouse    |
|    | If you have more than one job, attach a separate page with information about additional employers.                                          | Employment status               | X Employed Not employed   | ı                    | X Employed Not employed           |
|    | Include part-time, seasonal, or self-employed work.                                                                                         | Occupation                      | Electrician               |                      | DSP                               |
|    | Occupation may Include student or homemaker, if it applies.                                                                                 | Employers name                  | Gibson Electic &          | Technology Solutions | Garden Center Services            |
|    |                                                                                                                                             | Employers address               | 3100 Woodcreek I          | Drive                | 10444 S. Kedzie                   |
|    |                                                                                                                                             |                                 | Downers Grove, II         |                      | Chicago, IL 60655                 |
|    |                                                                                                                                             |                                 |                           |                      |                                   |
|    |                                                                                                                                             | How long employed there?        | 6 months                  |                      | 4 years                           |
| Pa | rt 2: Give Details About Monthl                                                                                                             | у Іпсоте                        |                           |                      |                                   |
|    | Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse has lines below. If you need more space | ve more than one employer, comb | ine the information for a |                      | , , , ,                           |
|    |                                                                                                                                             |                                 |                           | For Debtor 1         | For Debtor 2 or non-filing spouse |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, c                                                                        | •                               | \$5,571.54                | \$920.53             |                                   |
| 3. | Estimate and list monthly overting                                                                                                          | me pay.                         |                           | \$0.00               | \$0.00                            |
| 4. | Calculate gross income. Add line                                                                                                            | 2 2 + line 3.                   |                           | \$5,571.54           | \$920.53                          |

 Official Form B 6I
 Record #
 637636
 Schedule I: Your Income
 Page 1 of 2

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Debtor 1 John C Document Akins Page 23 of 53 Case Number (if known)

| Copy line 4 here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                                                                            |                                                              |                                            |              |                          |            |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|--------------|--------------------------|------------|--------|
| Substance of the control of the cont                                                                                                                                                                                                                                                                                                                             |                  |                                                                            |                                                              |                                            |              | For Debtor 1             |            |        |
| 5a   Tax, Medicare, and Social Security deductions   5a   \$1,211.90   \$126.66   5b. Mandatory contributions for retirement plans   5c   \$0.00   \$0.00   \$0.00   \$5c. Voluntary contributions for retirement plans   5c   \$0.00   \$0.00   \$5c. Voluntary contributions for retirement fund loans   5d   \$0.00   \$0.00   \$5c. No.00   \$0.00   \$5c. No.00   \$5c. No.00   \$0.00   \$5c. No.00   \$                                                                                                                                                                             | Co               | py line 4 here                                                             |                                                              |                                            | 4.           | \$5,571.54               | \$920.5    | 53     |
| Sb. Mandatory contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. \$0.00  5d. Required repayments of retirement fund loans  5d. \$0.00  5d. So.00  5d. So.00  5d. Domestic support obligations  5d. \$0.00  5g. Union dues  5g. \$139,27  50.00  5d. Oo.00  5d. Union dues  5g. \$139,27  50.00  5d. Oo.00  5d. Add the payroll deductions. Specify:  5h. \$0.00  5d. Oo.00  5d. Add the payroll deductions. Add lines \$a + 5b + 5c + 5d + 5e + 5f + 5g + 5h  5d. \$0.00  5d. Add the payroll deductions. Add lines \$a + 5b + 5c + 5d + 5e + 5f + 5g + 5h  5d. \$0.00  5d. Add the payroll deductions. Add lines \$a + 5b + 5c + 5d + 5e + 5f + 5g + 5h  5d. \$1,351,18  \$126,66  7d. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7d. \$4,220.36  7d. \$4,220.3                                                                                                                                                                                                                          | . List a         | II payroll deductions                                                      | :                                                            |                                            |              |                          |            |        |
| Sc. Voluntary contributions for retirement plans   Sc.   \$0.00   \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5a.              | Tax, Medicare, and S                                                       | Social Security deductions                                   |                                            | 5a.          | \$1,211.90               | \$1        | 26.66  |
| Schedulind repayments of retirement fund loans   Scheduling   Schedu                                                                                                                                                                                                                                                                                                                               | 5b.              | Mandatory contribut                                                        | tions for retirement plans                                   |                                            | 5b.          | \$0.00                   |            | \$0.00 |
| 56. Insurance  56. S\$0.00  57. Domestic support obligations  57. Unlon dues  58. \$139.27  59. \$139.27  50.00  Add the payroll deductions. Specify:  59. \$139.27  50. \$0.00  Add the payroll deductions. Add lines \$a + 5b + 5c + 5d + 5e + 8f + 8g + 8h.  60. \$1,351.18  \$126.66  Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$4,220.36  \$7933.87  List all other income regularly received.  8a. Not income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$0.00 \$0.00  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify:  8g. Pension or retirement income  8h. Other monthly income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$736.00 \$0.00  40.00  Calculate monthly income. Add line 7 + line 9.  Add all other income. Add lines 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  Do not include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies                                                                                                                                                                                                                                                                                                                                                                                                   | 5c.              | Voluntary contribution                                                     | ons for retirement plans                                     |                                            | 5c.          | \$0.00                   |            | \$0.00 |
| 56. Domestic support obligations 59. Union dues 59. \$139.27 \$0.00 \$50. Union dues 59. \$139.27 \$0.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00                                   | 5d.              | Required repayment                                                         | ts of retirement fund loans                                  |                                            | 5d.          | \$0.00                   |            | \$0.00 |
| 5g. Union dues 5g. \$139.27 5h. Other deductions. Specify 5h. Other deductions. Specify 5h. Other deductions. Specify 5h. Sp. 0,00 \$0.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.0                                                                            | 5e.              | Insurance                                                                  |                                                              |                                            | 5e.          | \$0.00                   |            | \$0.00 |
| Sh. Other deductions. Specify:  Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.  Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.  Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.  All calculate total monthly take-home pay. Subtract line 6 from line 4.  To stage 3 to the rincome regularly received:  Ba. Net Income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Ba. Solid security  B                                                                                                                                                                                                                                                                                                                             | 5f.              | Domestic support o                                                         | bligations                                                   |                                            | 5f.          | \$0.00                   |            | \$0.00 |
| Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$4,220.36  \$793.87  List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. \$0.00  8d. \$0.00  8d. \$0.00  8e. Social Security  8e. \$736.00  \$0.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8g. \$0.00  \$0.00  8h. Other monthly lincome. Specify:  8g. Pension or retirement income  8h. \$0.00  \$0.00  Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$736.00  \$0.00  Add all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.                                                                                                                                                                                                                                                                                                                                           | 5g.              | Union dues                                                                 |                                                              |                                            | 5g.          | \$139.27                 |            | \$0.00 |
| Calculate total monthly take-home pay. Subtract line 6 from line 4. 7  List all other income regularly received:  8a. Not income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$0.00 \$0.00  8f. Other government assistance that you regularly receive 8f. \$0.00 \$0.00  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8g. Pension or retirement income  8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  20.00  20.00  20.00  21.00  22. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  23. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  25. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  26. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  27. Add the amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies                                                                                                                                                                                                                                                                                                                                                                                                       | 5h.              | Other deductions. S                                                        | pecify:                                                      |                                            | 5h.          | \$0.00                   |            | \$0.00 |
| List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$0.00 \$0.00  8e. Social Security  8e. \$736.00 \$0.00  8f. Other government assistance that you regularly receive  assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8g. Pension or retirement income  8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$736.00 \$0.00  2h. Calculate monthly income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$736.00 \$0.00  2h. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  4 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Add th           | ne payroll deductions                                                      | s. Add lines 5a + 5b + 5c + 5                                | 6d + 5e +5f + 5g +5h.                      | 6.           | \$1,351.18               | \$1        | 26.66  |
| 8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.                | Calcu            | ate total monthly tak                                                      | e-home pay. Subtract line 6                                  | from line 4.                               | 7.           | \$4,220.36               | \$793.8    | 7      |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$0.00 \$0.00  8b. Interest and dividends 8b. \$0.00 \$0.00  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. \$0.00 \$0.00  8e. Social Security 8e. \$736.00 \$0.00  8f. Other government assistance that you regularly receive 8f. \$0.00 \$0.00  8f. Other government assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8g. \$0.00 \$0.00  Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$736.00 \$0.00  Calculate monthly income. Add line 7 + line 9. 10. \$4,956.36 + \$793.87 = Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Date, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | List al          | l other income regula                                                      | arly received:                                               |                                            | _            |                          |            |        |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$ | 8a.              | Net income from r                                                          | ental property and from op                                   | erating a business,                        |              |                          |            |        |
| receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$0.00 \$0.00  8b. Interest and dividends  8c. \$0.00 \$0.00  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$0.00 \$0.00  8e. Social Security  8e. \$736.00 \$0.00  8f. Other government assistance that you regularly receive  8f. \$0.00 \$0.00  8f. Supplemental Nutrition Assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8g. \$0.00  \$0.00  8h. Other monthly income. Specify:  8h. \$0.00  \$0.00  4dd all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$736.00  \$0.00  4dd all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | profession, or farr                                                        | n                                                            |                                            |              |                          |            |        |
| 8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$0.00 \$0.00  8e. Social Security  8e. \$736.00 \$0.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  Calculate monthly income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$736.00 \$0.00  Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Wirte that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                            |                                                              | 0.0                                        |              |                          |            |        |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation 8d. \$0.00 \$0.00  8e. Social Security 8e. \$736.00 \$0.00  8f. Other government assistance that you regularly receive 8f. \$0.00 \$0.00  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | monthly net income                                                         | e.                                                           |                                            | 8a.          | \$0.00                   | ;          | \$0.00 |
| dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation 8d. \$0.00 \$0.00  8e. Social Security 8e. \$736.00 \$0.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8g. \$0.00 \$0.00  8h. Other monthly income. Specify: 8h. \$0.00 \$0.00  Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$736.00 \$0.00  Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8b.              | Interest and divide                                                        | ends                                                         |                                            | 8b.          | \$0.00                   |            | \$0.00 |
| settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8e. \$736.00  \$0.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8g. \$0.00  \$0.00  8h. Other monthly income. Specify:  8h. \$0.00  \$0.00  Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9. \$736.00  \$0.00  Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8c.              | dependent regular                                                          | ly receive                                                   |                                            | 8c.          | \$ 0.00                  | \$         | 0.00   |
| 8d. Unemployment compensation 8e. Social Security 8e. \$736.00 8f. Other government assistance that you regularly receive 8f. \$0.00 8f. Other government assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$736.00 \$0.00  Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | •                                                                          |                                                              | r, maintenance, divorce                    |              |                          |            |        |
| 8e. Social Security  8e. \$736.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$0.00  8h. Other monthly income. Specify:  8h. \$0.00  \$0.00  Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$736.00  \$0.00  Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 04               | •                                                                          | . ,                                                          |                                            | 04           | **                       |            | ** **  |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00  Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$736.00 \$0.00  Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _                |                                                                            | mpensation                                                   |                                            | _            |                          |            |        |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9. \$736.00 \$0.00  Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | -                                                                          |                                                              |                                            | _            |                          |            |        |
| assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$736.00 \$0.00  Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 81.              | _                                                                          | , ,                                                          | -                                          | 81.          | \$0.00                   |            | \$0.00 |
| 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00  Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$736.00 \$0.00  Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | assistance that you<br>Supplemental Nutr                                   | receive, such as food stam<br>ition Assistance Program) o    | ps (benefits under the rhousing subsidies. |              |                          |            |        |
| Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9. \$736.00 \$0.00  Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8g.              | Pension or retirem                                                         | nent income                                                  |                                            | 8g.          | \$0.00                   | ;          | \$0.00 |
| Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8h.              | Other monthly inc                                                          | ome. Specify:                                                |                                            | 8h.          | \$0.00                   |            | \$0.00 |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ad               | d all other income. A                                                      | dd lines 8a + 8b + 8c + 8d +                                 | 8e + 8f +8g + 8h.                          | 9            | \$736.00                 |            | \$0.00 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | <del>-</del>                                                               |                                                              | or non-filing spouse.                      | 10.          | \$4,956.36               | + \$793.87 | 7 =    |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inc<br>oth<br>Do | lude contributions from<br>er friends or relatives<br>not include any amou | m an unmarried partner, me<br>ints already included in lines | mbers of your household, y                 | our dependen | pay expenses listed      |            |        |
| 3. Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                            |                                                              |                                            |              | •                        |            |        |
| X No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | to that amount on the                                                      | -                                                            | -                                          |              | S a.ra r toratou Data, I | арриоо     |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | you expect an increa                                                       | ise or decrease within the y                                 | year after you file this forn              | 1?           |                          |            |        |

| Fi         | ll in this i          | nformation to identify you                              | ır case:                    |                               |                                                                                  |                    |                      |
|------------|-----------------------|---------------------------------------------------------|-----------------------------|-------------------------------|----------------------------------------------------------------------------------|--------------------|----------------------|
| D          | ebtor 1               | John                                                    | С                           | Akins                         | Check if this is:                                                                |                    |                      |
|            |                       | First Name                                              | Middle Name                 | Last Name                     | ☐ An amende                                                                      | ed filing          |                      |
| l          | ebtor 2               | Glenda                                                  | Evangelist                  | Akins                         | A suppleme                                                                       | ent showing post   | -petition chapter 13 |
| (S         | pouse, if filing)     | First Name                                              | Middle Name                 | Last Name                     | income as                                                                        | of the following d | ate:                 |
| U          | nited States          | s Bankruptcy Court for the :                            | NORTHERN DISTRICT OF        | ILLINOIS_                     |                                                                                  | YYYY               |                      |
|            | ase Numbe<br>f known) | r                                                       |                             | _                             |                                                                                  |                    |                      |
| <b>○</b> " | :-:-!                 | ' D. C. I                                               |                             |                               |                                                                                  | •                  | 2 because Debtor 2   |
| Oπ         | <u>iciai F</u>        | orm B 6J                                                |                             |                               | — maintains a                                                                    | a separate house   | noid.                |
| Sc         | hedu                  | le J: Your Exp                                          | enses                       |                               |                                                                                  |                    | 12/13                |
| more       | -                     | needed, attach another s                                |                             |                               | are equally responsible for supplyi<br>ages, write your name and case nun        | =                  |                      |
| Pai        | rt 1:                 | Describe Your Household                                 |                             |                               |                                                                                  |                    |                      |
| 1. I       | s this a jo           | int case?                                               |                             |                               |                                                                                  |                    |                      |
|            |                       | Go to line 2.                                           |                             |                               |                                                                                  |                    |                      |
|            | X Yes.                | Does Debtor 2 live in a se                              | parate household?           |                               |                                                                                  |                    |                      |
|            |                       | X No.                                                   | filo a concrete Cohedule    | 1                             |                                                                                  |                    |                      |
|            |                       | Yes. Debtor 2 must                                      | file a separate Schedule    | J.                            |                                                                                  |                    |                      |
| 2.         | Do you                | have dependents?                                        | No                          |                               | Dependent's relationship to                                                      | Dependent's        | Does dependent live  |
|            | Do not li<br>Debtor 2 | st Debtor 1 and                                         |                             | nis information for ent       | Debtor 1 or Debtor 2                                                             | age                | with you?            |
|            | Do not s              | state the dependents'                                   |                             |                               | Daughter                                                                         | _ 23               | Yes                  |
|            | names.                |                                                         |                             |                               |                                                                                  | 4.4                | No                   |
|            |                       |                                                         |                             |                               | Son                                                                              | _ 11               | X Yes                |
|            |                       |                                                         |                             |                               |                                                                                  |                    | No                   |
|            |                       |                                                         |                             |                               | Grandson                                                                         | _ 4                | Yes                  |
|            |                       |                                                         |                             |                               |                                                                                  |                    | X No                 |
|            |                       |                                                         |                             |                               |                                                                                  | _                  | Yes                  |
|            |                       |                                                         |                             |                               |                                                                                  |                    | X No                 |
|            |                       |                                                         |                             |                               |                                                                                  |                    | Yes                  |
| 3.         | Do your               | expenses include                                        | X No                        |                               |                                                                                  |                    |                      |
|            | expense               | es of people other than                                 | X No                        |                               |                                                                                  |                    |                      |
|            | yoursel               | f and your dependents?                                  |                             |                               |                                                                                  |                    |                      |
| Pai        | rt 2:                 | Estimate Your Ongoing Mo                                | nthly Expenses              |                               |                                                                                  |                    |                      |
|            | -                     |                                                         |                             | -                             | m as a supplement in a Chapter 13 of<br>the check the box at the top of the form | -                  |                      |
| -          | applicable            |                                                         | otoy is mod. If this is a s | applemental <i>cenedale</i> o | , effect the box at the top of the for                                           | in una ilii ili    |                      |
|            | -                     | ses paid for with non-cas                               | <del>-</del>                | <del>-</del>                  |                                                                                  |                    | /                    |
| of s       | uch assist            | tance and have included i                               | t on Schedule I: Your In    | come (Official Form B 6       | l.)                                                                              |                    | our expenses         |
| 4.         |                       | tal or home ownership ex                                | penses for your resider     | nce. Include first mortgag    | ge payments and                                                                  |                    | <b>#</b> 4 000 00    |
|            | -                     | t for the ground or lot.                                |                             |                               |                                                                                  | 4.                 | \$1,000.00           |
|            |                       | cluded in line 4:                                       |                             |                               |                                                                                  | <b>4</b> a.        | \$0.00               |
|            |                       | operty, homeowner's, or re                              | enter's insurance           |                               |                                                                                  | 4a.<br>4b.         | \$0.00               |
|            |                       |                                                         |                             |                               |                                                                                  | 40.<br>4c.         | \$75.00              |
|            |                       | ome maintenance, repair, a<br>omeowner's association or |                             |                               |                                                                                  | 4c.<br>4d.         | \$75.00              |
|            | 14. 110               | ssomisi s association of                                | Januari dues                |                               |                                                                                  | <b>-</b>           | Ψ0.00                |

Schedule J: Your Expenses

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Case Nu

John С Debtor 1 Last Name First Name Middle Name

Case Number (if known) \_

|     | First Name Middle Name Last Name                                                                      |      |             |            |
|-----|-------------------------------------------------------------------------------------------------------|------|-------------|------------|
|     |                                                                                                       |      | Your expens | es         |
| 5.  | Additional Mortgage payments for your residence, such as home equity loans                            | 5.   |             | \$0.00     |
| 6.  | Utilities:                                                                                            |      |             |            |
| 0.  | 6a. Electricity, heat, natural gas                                                                    | 6a.  |             | \$450.00   |
|     | 6b. Water, sewer, garbage collection                                                                  | 6b.  |             | \$0.00     |
|     | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.  |             | \$450.00   |
|     | 6d. Other. Specify:                                                                                   | 6d.  | \$          | 0.00       |
| 7.  | Food and housekeeping supplies                                                                        | 7.   |             | \$1,350.00 |
| 8.  | Childcare and children's education costs                                                              | 8.   |             | \$175.00   |
| 9.  | Clothing, laundry, and dry cleaning                                                                   | 9.   |             | \$270.00   |
| 10. | Personal care products and services                                                                   | 10.  |             | \$115.00   |
| 11. | Medical and dental expenses                                                                           | 11.  |             | \$120.00   |
| 12. | Transportation. Include gas, maintenance, bus or train fare.                                          | 12.  |             | \$615.00   |
|     | Do not include car payments.                                                                          |      |             |            |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.  |             | \$60.00    |
| 14. | Charitable contributions and religious donations                                                      | 14.  |             | \$150.00   |
| 15. | Insurance.                                                                                            |      |             |            |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |      |             |            |
|     | 15a. Life insurance                                                                                   | 15a. |             | \$0.00     |
|     | 15b. Health insurance                                                                                 | 15b. |             | \$0.00     |
|     | 15c. Vehicle insurance                                                                                | 15c. |             | \$187.00   |
|     | 15d. Other insurance. Specify:                                                                        | 15d. |             | \$0.00     |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |      |             |            |
|     | Specify:                                                                                              | 16.  |             | \$0.00     |
| 17. | Installment or lease payments:                                                                        |      |             |            |
|     | 17a. Car payments for Vehicle 1                                                                       | 17a. |             | \$0.00     |
|     | 17b. Car payments for Vehicle 2                                                                       | 17b. |             | \$0.00     |
|     | 17c. Other. Specify:                                                                                  | 17c. |             | \$0.00     |
|     | 17d. Other. Specify:                                                                                  | 17d. |             | \$0.00     |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted                |      |             |            |
|     | from your pay on line 5, Schedule I, Your Income (Official Form B 6I).                                | 18.  |             | \$0.00     |
| 19. | Other payments you make to support others who do not live with you.                                   |      |             |            |
|     | Specify:                                                                                              | 19.  |             | \$0.00     |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |      |             |            |
|     | 20a. Mortgages on other property                                                                      | 20a. | \$          | 0.00       |
|     | 20b. Real estate taxes                                                                                | 20b. | \$          | 0.00       |
|     | 20c. Property, homeowner's, or renter's insurance                                                     | 20c. | \$          | 0.00       |
|     | 20d. Maintenance, repair, and upkeep expenses                                                         | 20d. | \$          | 0.00       |
|     | 20e. Homeowner's association or condominium dues                                                      | 20e. | \$          | 0.00       |
|     |                                                                                                       |      |             |            |

Official Form 6J

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John С Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$10.00 21. Other. Specify: \_\_\_Postage/Bank Fees (\$10.00), 21. \$5,027.00 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. \$5,750.23 Copy line 12 (your comibined monthly income) from Schedule I. 23a. \$5,027.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$723.23 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here:

Official Form 6J Record # 637636 Schedule J: Your Expenses Page 3 of 3

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

### **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, and that they are true and correct to the best of my knowledge, information and belief. I have disclosed on the foregoing schedules all property or assets I may have an interest in, the correct value of it, and every debt I may be liable for. I accept the risk that some debts won 't be discharged. I have been advised of the difference between Chapter 7 and Chapter 13, income & expense concepts, budgeting, and have made full disclosure.

Debtor's attorney has advised debtor that creditors can object to discharge of their debt on a variety of grounds including fraud, recent credit usage, divorce and support obligations and reckless conduct.

Debtor's attorney has advised debtor that non-dischargeable debts such as taxes, student loans, fines by government units and liens on property of debtor are generally unaffected by bankruptcy.

Dated: 03/25/2015 /s/ John C Akins

John C Akins

Dated: 03/25/2015 /s/ Glenda Evangelist Akins

**Glenda Evangelist Akins** 

if joint case, both spouses must sign. If NOT a joint case the joint debtor will NOT appear.

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. 110)

Non-Attorney Petition Preparers were **NOT** used to prepare any portion of this petition. All documents were produced by Geraci Law L.L.C..

THIS SECTION ONLY APPLIES TO PETITION PREPARERS AND HAS NOTHING TO DO WITH THIS CASE

#### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

This is a personal bankruptcy for an individual(s) and **NOT** a corporation or partnership.

THIS SECTION ONLY APPLIES TO CORPORTATIONS & PARTNERSHIPS AND HAS NOTHING TO DO WITH THIS CASE

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

Record # 637636 B6F (Official Form 6F) (12/07) Page 1 of 1

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

\*\*DEFINITIONS\*\*

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 01. INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS:

2013: \$11,551

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT                                             | SOURCE     |  |
|----------------------------------------------------|------------|--|
| 2015: \$17,831<br>2014: \$34,984<br>2013: \$30,000 | employment |  |
| Spouse                                             |            |  |
| AMOUNT                                             | SOURCE     |  |
| 2015: \$ 2,303<br>2014: \$11,572                   | employment |  |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

John C Akins and Glenda Evangelist Akins / Debtors

Bankruptcy Docket #:

Judge:

| 02. INCOME OTHER THAN FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EMPLOYMENT OR OPERATION OF BUSINES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| he two years immediately preceding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d by the debtor other than from employment, trag the commencement of this case. Give particul nder chapter 12 or chapter 13 must state incomind a joint petition is not filed.)                                                                                                                                                                                                                                                                                                                                                                                                                                   | ars. If a joint petition is filed, state incom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ne for each spouse                                                                                                                                                                |
| AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SOURCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                   |
| 2015: \$736/month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Social Security on behalf of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                   |
| 2014: \$8,832                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | their minor son                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                   |
| 013: \$8,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                   |
| Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                   |
| AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SOURCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                   |
| Complete a. or b. as appropriate, ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | R(S) WITH PRIMARILY CONSUMER DEBTS: L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                                                                                                                 |
| Complete a. or b. as appropriate, ar  INDIVIDUAL OR JOINT DEBTOR  In services, and other debts to any value of all property that constitutes were made to a creditor on account approved nonprofit budgeting and comproved proved to the complex of th |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | eding the commencement of this case if<br>\$600.00. Indicate with an asterisk (*) an<br>a alternative repayment schedule under<br>ag under chapter 12 or chapter 13 must                                                                                                                                                                                                                                                                                                                                                                                                                                            | f the aggregate<br>ny payments that<br>a plan by an<br>include payments                                                                                                           |
| Complete a. or b. as appropriate, ar  I. INDIVIDUAL OR JOINT DEBTOR  or services, and other debts to any or  ralue of all property that constitutes  were made to a creditor on account  approved nonprofit budgeting and c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | R(S) WITH PRIMARILY CONSUMER DEBTS: Loreditor made within 90 days immediately proce or is affected by such transfer is not less than sof a domestic support obligation or as part of a reditor counseling agency. (Married debtors filing                                                                                                                                                                                                                                                                                                                                                                         | eding the commencement of this case if<br>\$600.00. Indicate with an asterisk (*) an<br>a alternative repayment schedule under<br>ag under chapter 12 or chapter 13 must                                                                                                                                                                                                                                                                                                                                                                                                                                            | f the aggregate<br>ny payments that<br>a plan by an<br>include payments                                                                                                           |
| Complete a. or b. as appropriate, ar<br>a. INDIVIDUAL OR JOINT DEBTOI<br>or services, and other debts to any or<br>value of all property that constitutes<br>were made to a creditor on account<br>approved nonprofit budgeting and copy either or both spouses whether or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | R(S) WITH PRIMARILY CONSUMER DEBTS: Leaditor made within 90 days immediately proce or is affected by such transfer is not less than sof a domestic support obligation or as part of a reditor counseling agency. (Married debtors filing transfer in not a joint petition is filed, unless the spouses                                                                                                                                                                                                                                                                                                            | eding the commencement of this case if \$600.00. Indicate with an asterisk (*) an alternative repayment schedule under under chapter 12 or chapter 13 must are separated and a joint petition is not                                                                                                                                                                                                                                                                                                                                                                                                                | f the aggregate<br>by payments that<br>a plan by an<br>include payments<br>filed.)                                                                                                |
| or services, and other debts to any or value of all property that constitutes were made to a creditor on account approved nonprofit budgeting and copy either or both spouses whether or Name and Address of Creditor  DEBTOR WHOSE DEBTS ARE do days immediately preceding the such transfer is less than \$5,850*. If account of a domestic support obliging and credit counseling agency. (Marrier and the state of the such transfer is less than \$5,850*. If account of a domestic support obliging and credit counseling agency. (Marrier account of the such transfer is less than \$5,850*. If account of a domestic support obliging and credit counseling agency. (Marrier account of a domestic support obliging agency.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | R(S) WITH PRIMARILY CONSUMER DEBTS: Legreditor made within 90 days immediately proces or is affected by such transfer is not less than 8 of a domestic support obligation or as part of an reditor counseling agency. (Married debtors filing or not a joint petition is filed, unless the spouses Dates of Payments  NOT PRIMARILY CONSUMER DEBTS: List each commencement of the case unless the aggregates the debtor is an individual, indicate with an asteration or as part of an alternative repayment schericed debtors filing under chapter 12 or chapter 15.                                             | eding the commencement of this case if 600.00. Indicate with an asterisk (*) an alternative repayment schedule under 19 under chapter 12 or chapter 13 must are separated and a joint petition is not Amount Paid  ch payment or other transfer to any cred te value of all property that constitutes cerisk (*) any payments that were made the edule under a plan by an approved nong must include payments and other transfer to any cred the value of all property that constitutes cerisk (*) any payments that were made the edule under a plan by an approved nong must include payments and other transfer. | f the aggregate by payments that a plan by an include payments filed.)  Amount Still Owing  ditor made within or is affected by to a creditor on profit budgeting                 |
| Complete a. or b. as appropriate, are a. INDIVIDUAL OR JOINT DEBTOR or services, and other debts to any evalue of all property that constitutes were made to a creditor on account approved nonprofit budgeting and crop either or both spouses whether or Name and Address of Creditor  D. DEBTOR WHOSE DEBTS ARE 100 days immediately preceding the such transfer is less than \$5,850*. It is account of a domestic support obligation of credit counseling agency. (Marrisoth spouses whether or not a joint | R(S) WITH PRIMARILY CONSUMER DEBTS: Loreditor made within 90 days immediately proce or is affected by such transfer is not less than 5 of a domestic support obligation or as part of ar reditor counseling agency. (Married debtors filir or not a joint petition is filed, unless the spouses Dates of Payments  NOT PRIMARILY CONSUMER DEBTS: List each commencement of the case unless the aggregate the debtor is an individual, indicate with an asteriation or as part of an alternative repayment scheid debtors filing under chapter 12 or chapter 13 petition is filed, unless the spouses are separate | eding the commencement of this case if 600.00. Indicate with an asterisk (*) an alternative repayment schedule under an alternative repayment schedule under an under chapter 12 or chapter 13 must are separated and a joint petition is not a Amount Paid  Ch payment or other transfer to any credite value of all property that constitutes of the value of all property that were made to edule under a plan by an approved nong a must include payments and other transfer and and a joint petition is not filed.)                                                                                            | f the aggregate by payments that a plan by an include payments filed.)  Amount Still Owing  ditor made within or is affected by a creditor on profit budgeting sfers by either or |
| Complete a. or b. as appropriate, ar  a. INDIVIDUAL OR JOINT DEBTOR or services, and other debts to any value of all property that constitutes were made to a creditor on account approved nonprofit budgeting and c op either or both spouses whether of Name and Address of Creditor  DEBTOR WHOSE DEBTS ARE do days immediately preceding the such transfer is less than \$5,850*. If account of a domestic support oblig and credit counseling agency. (Mari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | R(S) WITH PRIMARILY CONSUMER DEBTS: Legreditor made within 90 days immediately proces or is affected by such transfer is not less than 8 of a domestic support obligation or as part of an reditor counseling agency. (Married debtors filing or not a joint petition is filed, unless the spouses Dates of Payments  NOT PRIMARILY CONSUMER DEBTS: List each commencement of the case unless the aggregates the debtor is an individual, indicate with an asteration or as part of an alternative repayment schericed debtors filing under chapter 12 or chapter 15.                                             | eding the commencement of this case if 600.00. Indicate with an asterisk (*) an alternative repayment schedule under 19 under chapter 12 or chapter 13 must are separated and a joint petition is not Amount Paid  ch payment or other transfer to any cred te value of all property that constitutes cerisk (*) any payments that were made the edule under a plan by an approved nong must include payments and other transfer to any cred the value of all property that constitutes cerisk (*) any payments that were made the edule under a plan by an approved nong must include payments and other transfer. | f the aggregate by payments that a plan by an include payments filed.)  Amount Still Owing  ditor made within or is affected by to a creditor on profit budgeting                 |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| John C Akins and Glenda Evangelist Akin | s / Debtors |
|-----------------------------------------|-------------|
|-----------------------------------------|-------------|

Bankruptcy Docket #:

Judge:

### STATEMENT OF FINANCIAL AFFAIRS

| NONE         | Ξ |
|--------------|---|
| ~            |   |
| $\mathbf{X}$ |   |
|              |   |

04. SUITS AND ADMINISTRATIVE PROCEEDINGS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS:

List all lawsuits & administrative proceedings to which the debtor is or was a party within 1 (one) year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF NATURE COURT STATUS
SUIT AND OF OF AGENCY OF
CASE NUMBER PROCEEDING AND LOCATION DISPOSITION



04b. WAGES OR ACCOUNTS GARNISHED: Describe all property that has been attached, garnished or seized under any legal or equitable process within (1) one year preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address of Person Date Description for Whose Benefit Property of and Value was Seized Seizure Of Property



05. REPOSSESSION, FORECLOSURES AND RETURNS:

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address of Creditor Date of Repossession, Foreclosure Description and or Seller Sale, Transfer or Return Value of Property



06. ASSIGNMENTS AND RECEIVERSHIPS:

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name andDateTerms ofAddress ofofAssignment orAssigneeAssignmentSettlement



b. List all property which has been in the hands of a custodian, receiver, or court- appointed official within one (1) year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name andName & LocationDateDescriptionAddressof Court Caseofand Value ofof CustodianTitle & NumberOrderProperty

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

John C Akins and Glenda Evangelist Akins / Debtors

Bankruptcy Docket #:

Judge:

### STATEMENT OF FINANCIAL AFFAIRS

| 07. GII | FTS: |
|---------|------|
|---------|------|

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and Address of Person | Relationship | Date   | Description |
|----------------------------|--------------|--------|-------------|
| or                         | to Debtor,   | of     | and Value   |
| Organization               | If Any       | Gift   | of Gift     |
| St. Catherine              | None         | Montly | \$150       |

38 N. Austin Blvd Oak Park, IL 60302



08. LOSSES:

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Description and | Description of Circumstances and,   | Date |
|-----------------|-------------------------------------|------|
| Value           | if Loss Was Covered in Whole or in  | of   |
| of Property     | Part by Insurance, Give Particulars | Loss |

#### 09. PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY:

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one (1) year immediately preceding the commencement of this case.

| 55 E Monroe St Suite #3400 |                   | \$1,765.00         |
|----------------------------|-------------------|--------------------|
| Geraci Law, LLC            | 2015              | Payment/Value:     |
| of Payee                   | Other Than Debtor | Value of Property  |
| Address                    | Name of Payer if  | Description and    |
| Name and                   | Date of Payment,  | Amount of Money or |

09a. PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY: List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within 1 year immediately preceding the commencement of this case.

| Hananwill Credit Counseling. | 2015              | \$20.00                        |
|------------------------------|-------------------|--------------------------------|
| of Payee                     | Other Than Debtor | Value of Property              |
| Address                      | Name of Payer if  | and                            |
| Name and                     | Date of Payment,  | Amount of Money or description |

115 N. Cross St., Robinson, IL 62454

Chicago, IL 60603

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

John C Akins and Glenda Evangelist Akins / Debtors

Bankruptcy Docket #:

Judge:

### STATEMENT OF FINANCIAL AFFAIRS

| NONE |  |
|------|--|
| X    |  |

#### 10. OTHER TRANSFERS

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security with two (2) years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address of . Describe Property Transferred Transferee, Relationship . and to Debtor Date Value Received



10b. List all property transferred by the debtor within ten (10) years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

Name of Date(s) Amount and Date
Trust or of of Sale or
other Device Transfer(s) Closing



#### 11. CLOSED FINANCIAL ACCOUNTS:

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one (1) year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Type of Account, Last Four Digits of Amount and Address of Account Number, and Amount of Date of Sale or Institution Final Balance Closing



### 12. SAFE DEPOSIT BOXES:

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address of Bank or<br/>Other DepositoryNames & Addresses of Those With<br/>Access to Box or depositoryDescription of<br/>ContentsDate of Transfer or<br/>Surrender, if Any



#### 13. SETOFFS:

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

 Name and Address
 Date
 Amount

 of Creditor
 of Setoff
 of Setoff

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

John C Akins and Glenda Evangelist Akins / Debtors

Bankruptcy Docket #:

Judge:

| STATEME | INT OF   | FINANCI | ΔΙ            | AFFAIRS |
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| X |  |

14. LIST ALL PROPERTY HELD FOR ANOTHER PERSON:

List all property owned by another person that the debtor holds or controls.

Name and Address Description and Location of Owner Value of Property of Property



#### 15. PRIOR ADDRESS OF DEBTOR(S):

If debtor has moved within three (3) years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

. Name Dates of Address Used Occupancy



#### 16. SPOUSES and FORMER SPOUSES:

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight (8) years immediately preceding the commencement of the case, identify the name of the debtor"s spouse and of any former spouse who resides or resided with the debtor in the community property state.

Name



### 17. ENVIRONMENTAL INFORMATION:

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil surface water, ground water, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of the these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous material" means anything defined as a hazardous waste, hazardous or toxic substances, pollutant, or contaminant, etc. under environmental Law.



17a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

Site Name Name and Address Date Environmental and Address of Governmental Unit of Notice Law

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# NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| <u> </u>                                                                                                                   | t Akins / Debtors                                                                                                                                                                           | <u> </u>                                                                                                                                                                                            | cy Docket #:                                                        |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
|                                                                                                                            |                                                                                                                                                                                             | Judge:                                                                                                                                                                                              |                                                                     |
|                                                                                                                            | STATEMENT OF FINAN                                                                                                                                                                          | CIAL AFFAIRS                                                                                                                                                                                        |                                                                     |
|                                                                                                                            | site for which the debtor provided notice to<br>the notice was sent and the date of the not                                                                                                 | •                                                                                                                                                                                                   | Hazardous Material.                                                 |
| Site Name<br>and Address                                                                                                   | Name and Address<br>of Governmental Unit                                                                                                                                                    | Date<br>of Notice                                                                                                                                                                                   | Environmental<br>Law                                                |
| ebtor is or was a party. Indicate the na<br>umber.  Name and Address of<br>Governmental Unit                               | me and address of the governmental unit th  Docket  Number                                                                                                                                  | eat is or was a party to the proceeding  Status of  Disposition                                                                                                                                     | g, and the docket                                                   |
| ending dates of all businesses in which partnership, sole proprietor, or was self-                                         | ames, addresses, taxpayer identification no<br>the debtor was an officer, director, partner,<br>employed in a trade, profession, or other a<br>ent of this case, or in which the debtor own | or managing executive of a corporaticitivity either full- or part-time within sized 5 percent or more of the voting or others, nature of the businesses, and leading to the size of the businesses. | on, partner in a x (6) years equity securities peginning and ending |
| ates of all businesses in which the deb<br>nmediately preceding the commencem<br>the debtor is a corporation, list the nar | nes, addresses, taxpayer identification nun<br>tor was a partner or owned 5 percent or mo                                                                                                   |                                                                                                                                                                                                     | • •                                                                 |

| NONE   |  |
|--------|--|
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| $\sim$ |  |
| _      |  |
|        |  |

b. Identify any business listed in subdivision a., above, that is "single asset real estate" as defined in 11 USC 101.

| Name | Address |
|------|---------|

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

John C Akins and Glenda Evangelist Akins / Debtors

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| Ran | kri intov | Docke | t #* |
| Dan | RIUDICV   | DUCKE | ιπ.  |

Judge:

# STATEMENT OF FINANCIAL AFFAIRS

| peen, within six years immediately pre<br>or owner of more than 5 percent of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ceding the commencement of this case, ar voting or equity securities of a corporation                                                       | or partnership and by any individual debtor who is or has y of the following: an officer, director, managing executive, ; a partner, other than a limited partner, of a partnership, a |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rade, profession, or other activity, either ful                                                                                             | ·                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                             | f the debtor is or has been in business, as defined above, who has not been in business within those six years should                                                                  |
| 19. BOOKS, RECORDS AND FINANC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CIAL STATEMENTS:                                                                                                                            |                                                                                                                                                                                        |
| ist all bookkeepers and accountants weeping of books of account and recor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                             | ding the filing of this bankruptcy case kept or supervised the                                                                                                                         |
| Name<br>and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dates Services<br>Rendered                                                                                                                  |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                             |                                                                                                                                                                                        |
| account and records, or prepared a fin<br>Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ancial statement of the debtor.                                                                                                             | he filing of this bankruptcy case have audited the books of  Dates Services                                                                                                            |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address                                                                                                                                     | Rendered                                                                                                                                                                               |
| l9c. List all firms or individuals who at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                             | Rendered  e were in possession of the books of account and records of                                                                                                                  |
| l9c. List all firms or individuals who at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | the time of the commencement of this case                                                                                                   |                                                                                                                                                                                        |
| 19c. List all firms or individuals who at he debtor. If any of the books of accounty of the books | the time of the commencement of this case and and records are not available, explain.  . Address                                            | e were in possession of the books of account and records of                                                                                                                            |
| 19c. List all firms or individuals who at he debtor. If any of the books of accounty of the books | the time of the commencement of this case and and records are not available, explain.  Address  ors and other parties, including mercantile | e were in possession of the books of account and records of                                                                                                                            |

X

### 20. INVENTORIES

List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

Date Inventory Dollar Amount of Inventory of (specify cost, market of other Inventory Supervisor basis)

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

John C Akins and Glenda Evangelist Akins / Debtors

Bankruptcy Docket #:

|                                                                            |                                                                                                    | Judge:                                         |                |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------|----------------|
|                                                                            | STATEMENT OF FINAN                                                                                 | ICIAL AFFAIRS                                  |                |
| o. List the name and address of the p                                      | erson having possession of the records of ea                                                       | ich of the inventories reported in a.,         | above.         |
|                                                                            |                                                                                                    |                                                |                |
| Date<br>of Inventory                                                       | Name and Addresses of Custodian of Inventory Records                                               |                                                |                |
| 1. CURRENT PARTNERS, OFFICE                                                | RS, DIRECTORS AND SHAREHOLDERS:                                                                    |                                                |                |
| . If the debtor is a partnership, list na                                  | ature and percentage of interest of each mem                                                       | ber of the partnership.                        |                |
| Name<br>and Address                                                        | Nature<br>of Interest                                                                              | Percentage of<br>Interest                      | _              |
| Name<br>and Address                                                        | Title                                                                                              | Nature and Percentage of<br>Stock Ownership    | _              |
|                                                                            | RS, DIRECTORS AND SHAREHOLDERS:                                                                    |                                                |                |
| rthe debtor is a partnership, list the r                                   | nature and percentage of partnership interest                                                      | or each member of the partnership  Date of     |                |
| Name                                                                       | Address                                                                                            | Withdrawal                                     | _              |
| 2b. If the debtor is a corporation, list mmediately preceding the commence | all officers, or directors whose relationship wement of this case.                                 | vith the corporation terminated withi          | n one (1) year |
| Name<br>and Address                                                        | Title                                                                                              | Date of<br>Termination                         | _              |
| 3. WITHDRAWALS FROM A PARTN                                                | IERSHIP OR DISTRIBUTION BY A COPORA                                                                | ATION:                                         |                |
|                                                                            | ration, list all withdrawals or distributions cred<br>ons, options exercised and any other perquis |                                                |                |
| Name and Address of                                                        | Date and                                                                                           | Amount of Money or<br>Description and value of |                |
| Recipient, Relationship to<br>Debtor                                       | Purpose of<br>Withdrawal                                                                           | Description and value of Property              |                |

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| John C Akins    | and Glenda Evangelist Akins | / Debtors | Bankruptcy Docket #  |
|-----------------|-----------------------------|-----------|----------------------|
| JUIIII G AKIIIS | and Gienua Evandensi Akins  | / Deplois | Dalikiubicy Dockel # |

Judge:

### STATEMENT OF FINANCIAL AFFAIRS

| NONE         | Ξ |
|--------------|---|
| ~            |   |
| $\mathbf{X}$ |   |
|              |   |

24. TAX CONSOLIDATION GROUP:

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six (6) years immediately preceding the commencement of the case.

Name of Parent Corporation Taxpayer Identification Number (EIN)



25. PENSION FUNDS:

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six (6) years immediately preceding the commencement of the case.

Name of Pension Fund TaxPayer

Identification Number (EIN)

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachment thereto and that they are true and correct.

Dated: 03/25/2015 /s/ John C Akins

John C Akins

Dated: 03/25/2015 /s/ Glenda Evangelist Akins

Glenda Evangelist Akins

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

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## **UNITED STATES BANKRUPTCY COURT** NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

John C Akins and Glenda Evangelist Akins / Debtors

Bankruptcy Docket #:

Judge:

### **DEBTOR'S STATEMENT OF INTENTION**

| Property No.                                     |                                                                                                 |                                                          |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Creditor's Name:<br><b>None</b>                  | Describe Property Securing Debt:                                                                |                                                          |
| Property will be (check one):                    |                                                                                                 |                                                          |
| □Surrendered                                     | □Retained                                                                                       |                                                          |
| f retaining the property, I intend to $_{\it f}$ | check at least one):                                                                            |                                                          |
| ☐Redeem the property                             |                                                                                                 |                                                          |
| □Reaffirm the debt                               |                                                                                                 |                                                          |
| □Other. Explain                                  | (for example, avoid                                                                             | lien using 110 U.S.C. § 522(f)).                         |
| Property is (check one):                         |                                                                                                 |                                                          |
| □Claimed as exempt                               | □Not claimed as exempt                                                                          |                                                          |
|                                                  | subject to unexpired leases. (All three columns d lease. Attach additional pages if necessary.) | of Part B must be                                        |
| Lessor's Name:<br>None                           | Describe Property Securing Debt:                                                                | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): |
|                                                  |                                                                                                 | □ Yes □ No                                               |

| I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease. |                             |               |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------|--|--|
| Dated: 03/25/2015                                                                                                                                                                | /s/ John C Akins            | X Date & Sign |  |  |
|                                                                                                                                                                                  | John C Akins                |               |  |  |
| Dated: 03/25/2015                                                                                                                                                                | /s/ Glenda Evangelist Akins | X Date & Sign |  |  |
|                                                                                                                                                                                  | Glenda Evangelist Akins     |               |  |  |

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## Document Page 39 of 53 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

|     | DISCLOSURE OF COME                                                                                                        | PENSATION OF ATTORNEY FOR DEBTOR - 2010                                                                                                                                                                                     | 6B                |
|-----|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
|     | hat compensation paid to me within one year be                                                                            | Bankr. P. 2016(b), I certify that I am the attorney for the above name after the filing of the petition in bankruptcy, or agreed to be paid to in contemplation of or in connection with the bankruptcy case is as follows: |                   |
|     | The compensation paid or promised by the Debt                                                                             | tor(s), to the undersigned, is as follows:                                                                                                                                                                                  |                   |
|     | For legal services, Debtor(s) agrees to pay and I h                                                                       | nave agreed to accept                                                                                                                                                                                                       | \$2,995.00        |
|     | Prior to the filing of this Statement, Debtor(s) has p                                                                    | paid and I have received                                                                                                                                                                                                    | \$1,765.00        |
|     | The Filing Fee has been paid.                                                                                             | Balance Due                                                                                                                                                                                                                 | \$1,230.00        |
| 2.  | 2. The source of the compensation paid to me was:                                                                         | :                                                                                                                                                                                                                           |                   |
|     | Debtor(s) Other: (specify)                                                                                                |                                                                                                                                                                                                                             |                   |
| •   | <ol> <li>The source of compensation to be paid to me on</li> </ol>                                                        | the unneid balance if any, remaining is:                                                                                                                                                                                    |                   |
| ).  | . The source of compensation to be paid to the off                                                                        | the unpaid balance, if any, Ternalling is.                                                                                                                                                                                  |                   |
|     | Debtor(s) Other: (specify)                                                                                                |                                                                                                                                                                                                                             |                   |
|     | The undersigned has received no transfer, value stated: <b>None.</b>                                                      | assignment or pledge of property from the debtor(s) except the                                                                                                                                                              | following for the |
| 1.  | <ol> <li>The undersigned has not shared or agreed to sha<br/>firm, any compensation paid or to be paid without</li> </ol> | are with any other entity, other than with members of the undersigned's law t the client's consent, except as follows: <b>None.</b>                                                                                         |                   |
| 5.  | 5. The Service rendered or to be rendered include                                                                         | the following:                                                                                                                                                                                                              |                   |
| a)  | • •                                                                                                                       | advice and assistance to the client in determining whether to file a petition                                                                                                                                               |                   |
| b)  | under Title 11, U.S.C. b) Preparation and filing of the petition, schedules, s                                            | statement of affairs and other documents required by the court.                                                                                                                                                             |                   |
| c)  |                                                                                                                           | • • •                                                                                                                                                                                                                       |                   |
| (d) | d) Advice as required.                                                                                                    |                                                                                                                                                                                                                             |                   |
| 6.  | By agreement with the debtor(s), the above-discle<br>Fee does NOT include missed meeting of<br>another chapter.           | losed fee does not include the following service: or court dates, amendments to schedules, adversary complaints o                                                                                                           | r conversions to  |
|     | Г                                                                                                                         | CERTIFICATION                                                                                                                                                                                                               |                   |
|     |                                                                                                                           | I certify that the foregoing is a complete statement of any agreement or a for payment to me for representation of the debtor(s) in this bankruptcy p                                                                       | -                 |
|     |                                                                                                                           | Respectfully Submitted,                                                                                                                                                                                                     | _                 |
| Da  | Date: 03/30/2015 /s                                                                                                       | s/ Lizette Villegas                                                                                                                                                                                                         |                   |
|     | G                                                                                                                         | izette Villegas<br>GERACI LAW L.L.C.<br>55 E. Monroe Street #3400                                                                                                                                                           |                   |

Chicago, IL 60603 Phone: 312-332-1800

Fax: 877-247-1960

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Casatilisa 11235 Parters OF 2 Montries 2

Date: 3/11/2015

Document

Consultation Attorney:

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### **Chapter 7 Retainer Agreement**

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter7 bankruptcy under the following terms and conditions:

Z 915. This amount does NOT INCLUDE court filing fees of \$335, or costs Attorney fees for the Chapter 7 bankruptcy are \$ for credit counseling or financial management classes. This fee is based on the anticipated amount of work required to complete my case, and upon the information I have provided to date. If any information is incomplete or incorrect, the advice or Chapter may have to change, and this fee may have to be adjusted. This fee includes all work in the representation in my Chapter 7, including the preparation of my bankruptcy petition, schedules and other documents, reaffirmations and other correspondence with my creditors, correspondence and negotiations with my Chapter 7 Trustee (if required), motions and at the 341 meeting of creditors, but does NOT include missed 341 meetings, amendments to schedules, motions to dismiss filed by the U.S. Trustee and other evidentiary hearings, other contested matters, or adversary proceedings. For work done on these matters, we bill between \$275/hr and \$350/hr for attorney time, based on the attorney doing the work, and \$85hr paralegal time. More than one attorney and paralegal will work on my case.

Fees are "flat fees" and "advance payment retainers" for pre-filing work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". You may elect to be billed on an hourly basis, but we have found a flat fee is cheaper and benefits you. If this contract is terminated by either party prior to the filing of the case, the firm will refund unearned fees based on the above rates with an accounting, and on request, submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

I understand that bankruptcy laws only allow me to protect a certain amount of my property, and if I have any unprotected property, I understand my Chapter 7 Trustee can sell it if I do not or cannot buy out the Trustee's interest and that the U.S. Trustee may object to my filing a Chapter 7 if they believe I have excess income and should be filing a Chapter 13.

I agree to fully cooperate with my attorneys and provide all information requested at any point during the case. I understand that if I do not fully cooperate or provide complete and accurate information, my attorneys may withdraw from representation of me, with the permission of the Court.

If I have secured debts that I wish to retain (mortgages, financed vehicles or other financed property) that I may be required to sign a reaffirmation agreement with the creditor in order to keep the property, and I must remain current on my payments. Many mortgage and car companies refuse to reaffirm the debt but we have found that if you keep up your payments you keep the property anyway.

Debts not discharged if they not paid in full: student loans; educational debts; tax due in last 3 years, unfiled, trust fund or late filed tax; undisclosed debts; support/maintenance debts; fines, debts incurred by fraud, or after the case is filed, future associaton/condo HOA dues, or debts listed in your red or green folder or found non-dischargeable by a Judge.

Representation limited to Bankruptcy Court We do not represent you in state court, or in loan modifications or similar matters.

I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition.

I understand that if I fail to take my financial management class after filing but before discharge, my case may be closed without a discharge, and I will be required to pay fees and costs to have it reopened. I have received the 11U.S.C § 527(a) disclosures.

Attorney for the Debter(s), Representing Geraci Law L.L.C.

GlendaAkins (Joint Debtor)

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

| ١   | /ERIFIC | MOITA  | OF  | <b>CREDIT</b> | <b>TOR</b>   | MΔ   | <b>TRIX</b> |
|-----|---------|--------|-----|---------------|--------------|------|-------------|
| - 1 |         | AIIUII | OI. | CKLDI         | $\mathbf{O}$ | IVIA |             |

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Dated: 03/25/2015

/s/ John C Akins

John C Akins

X Date & Sign

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 03/25/2015 /s/ Glenda Evangelist Akins

X Date & Sign

Glenda Evangelist Akins

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

B 201A (Form 201A) (11/11)

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### UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <a href="before">before</a> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

In re John C Akins and Glenda Evangelist Akins / Debtors

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for

| Dated: 03/25/2015 | /s/ John C Akins            |
|-------------------|-----------------------------|
|                   | John C Akins                |
| Dated: 03/25/2015 | /s/ Glenda Evangelist Akins |
|                   | Glenda Evangelist Akins     |
| Dated: 03/30/2015 | /s/ Lizette Villegas        |
|                   | Attorney: Lizette Villegas  |

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Name of Joint Debtor(8)

## B1 (Official Form 1) (12/11) Volumtary Petition genustic completerant ast in every **Signatures** Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7,11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [if no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. John C Akins Dated: 3 25 /2015 Glenda Evangelist Akins Dated: 3 25 /2015 of Attorney Signature of Attorney Villegas Printed Name of Attorney for Debtor(s) **GERACI LAW L.L.C.** 55 E. Monroe St., #3400 Chicago, IL 60603 Phone: 312-332-1800 Dated: 'In a case in which § 707(b)(4)(D) applies, this signs that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Signature of Debtor (Corporation/Partnerhsip) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. Signature of Authorized Individual

Signature of a Foreign Representative

John C Akins 7.... Glenda Evangelist Akins

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition (Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States

Code. Certified copies of the documents required by 11 U.S.C. § 1515 are

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

### Som Adagon trose in a

#### K Sign & Dakeron Thoser thes

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filling for a debtor or accepting any fee from the debtor, as required in that section.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

#### Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Date

Printed Name of Authorized Individual

Title of Authorized Individual

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. check one of the five statements below and attach any documents as directed.

|           | 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| þ         | the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.                                                                                                                                                                                                                                                                                                                                |     |
| p<br>fi   | 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.                                                                |     |
| re        | 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]                                                                                                                                                                                                                                                                 |     |
| o:        | If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing. |     |
| by        | 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| of        | Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
| pa        | Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
|           | Active military duty in a military combat zone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| do        | 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
| l certify | y under penalty of perjury that the information provided above is true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|           | 1: 3 1 2 5 12015 John al., X Date & Sig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n I |
|           | John C Akins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. check one of the five statements below and attach any documents as directed.

|               | Glenda Evangelist Akins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| o cer<br>Date | ed: 3 /25 /20/5 (Music Declaration provided above is true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|               | does not apply in this district.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| $\neg$        | 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|               | Active military duty in a military combat zone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|               | Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|               | Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|               | 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|               | If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing. |
|               | 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]                                                                                                                                                                                                                                                                 |
|               | 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.                                                                |
|               | 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunties for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.                                                                                                                                                                                               |

Record # 637636

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

In re

Bankruptcy Docket #:

Judge:

### **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, and that they are true and correct to the best of my knowledge, information and belief. I have disclosed on the foregoing schedules all property or assets I may have an interest in, the correct value of it, and every debt I may be liable for. I accept the risk that some debts won't be discharged. I have been advised of the difference between Chapter 7 and Chapter 13, income & expense concepts, budgeting, and have made full disclosure.

Debtor's attorney has advised debtor that creditors can object to discharge of their debt on a variety of grounds including fraud, recent credit usage, divorce and support obligations and reckless conduct.

Debtor's attorney has advised debtor that non-dischargeable debts such as taxes, student loans, fines by government units and liens on property of debtor are generally unaffected by bankruptcy.

Dated:  $\frac{3}{2}$  /  $\frac{25}{2015}$ 

John C Akins

X Date & Sign

Dated:<u>🍎 *|એ5* /</u>2015

Glenda Evangelist Akins

X Date & Sign

if joint case, both spouses must sign. If NOT a joint case the joint debtor will NOT appear.

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. 110)

Non-Attorney Petition Preparers were **NOT** used to prepare any portion of this petition. All documents were produced by Geraci Law L.L.C..

THIS SECTION ONLY APPLIES TO PETITION PREPARERS AND HAS NOTHING TO DO WITH THIS CASE

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

This is a personal bankruptcy for an individual(s) and NOT a corporation or partnership.

THIS SECTION ONLY APPLIES TO CORPORTATIONS & PARTNERSHIPS AND HAS NOTHING TO DO WITH THIS CASE

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

John C Akins and Glenda Evangelist Akins / Debtors

Bankruptcy Docket #:

Judge:

### STATEMENT OF FINANCIAL AFFAIRS

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachment thereto and that they are true and correct.

John C Akins,

Glenda Evangelist Akins

X Date & Sign

X Date & Sign

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18

U.S.C. Sections 152 and 3571

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## **UNITED STATES BANKRUPTCY COURT** NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

John C Akins and Glenda Evangelist Akins / Debtors

Bankruptcy Docket #:

Judge:

|                                                                        | DEBTOR'S STATEMENT OF INTENTION                                                                                                                 | ON                                                                           |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| PART A - Debts secured by pwhich is secured by property                | roperty of the estate. (Part A must be fully com<br>of the estate. Attach additional pages if nece                                              | npleted for EACH debt<br>ssary.)                                             |
| Property No.                                                           |                                                                                                                                                 |                                                                              |
| Creditor's Name:<br>None                                               | Describe Property Securing Debt:                                                                                                                |                                                                              |
| Property will be (check one):                                          |                                                                                                                                                 |                                                                              |
| □Surrendered                                                           | □Retained                                                                                                                                       |                                                                              |
| f retaining the property, I intend to <i>(</i><br>□Redeem the property | check at least one):                                                                                                                            |                                                                              |
| ☐Reaffirm the debt                                                     |                                                                                                                                                 |                                                                              |
| □Other. Explain                                                        | (for example, avoid                                                                                                                             | lien using 110 U.S.C. § 522(f)).                                             |
| Property is (check one):                                               |                                                                                                                                                 |                                                                              |
| □Claimed as exempt                                                     | □Not claimed as exempt                                                                                                                          |                                                                              |
| ompleted for each unexpired<br>Property No.<br>Lessor's Name:<br>None  | ubject to unexpired leases. (All three columns I lease. Attach additional pages if necessary.)  Describe Property Securing Debt:                | Lease will be<br>assumed pursuant to<br>11 U.S.C. § 365(p)(2):<br>□ Yes □ No |
| I declare under penalty of Dated: _S_/_ ≥ ¶72015                       | perjury that the above indicates my intention as to any perjury that the above indicates my intention as to any perjury subject to an unexpired | property of my estate securing a lease.  X Date & Sign                       |
| Dated: <u>3</u> /25/2015                                               | John C Akins                                                                                                                                    |                                                                              |

Glenda Evangelist Akins

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## DISCLAIMER Destors Have read and agree:

- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!!

Dated: 3 / 25/2015

John C Akins

X Date & Sign

Dated 3 /25 /2015

Glenda Evangelist Akins

X Date & Sign

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

John C Akins and Glenda Evangelist Akins / Debtors

Bankruptcy Docket #:

Judge:

### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 3 /25 /2015

John C Akins

X Date & Sign

Dated: 3 /25 /2015

Glenda Evangelist Akins

X Date & Sign

\* Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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| Debtor 1          | John                                              | C                                                              | Akins                                                                                       | Coop Number (6)                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------|---------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                 | First Name                                        | Middle Name                                                    | Last Name                                                                                   | Case Number (if known) _               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                   |                                                   |                                                                |                                                                                             | Column A Debtor 1                      | Column B Debtor 2 or non-filing spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8. Unei           | nployment compens                                 | ation                                                          |                                                                                             | \$0.00                                 | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Do n<br>unde      | ot enter the amount if<br>r the Social Security / | you contend that the amoun<br>Act. Instead, list it here:      | t received was a benefit                                                                    | -                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 9. Pen<br>bene    | sion or retirement inc<br>efit under the Social S | come. Do not include any am<br>ecurity Act.                    | ount received that was a                                                                    | \$0.00                                 | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Do r<br>as a      | iot include any benefii<br>victim of a war crime, | , a crime against humanity, o                                  | Security Act or navmente received                                                           |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10a.              |                                                   |                                                                |                                                                                             | \$0.00                                 | \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10b.              |                                                   |                                                                |                                                                                             | \$ 0.00                                | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                   |                                                   | eparate pages, if any.                                         |                                                                                             | \$0.00                                 | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11. Calc<br>colur | ulate your total curre<br>nn. Then add the tota   | nt monthly income. Add line<br>I for Column A to the total for | s 2 through 10 for each<br>Column B                                                         | \$5,571.50   +                         | \$920.68 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$6,492.18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Part 2:           | Determine Whet                                    | ther the Means Test Applies to                                 | o You                                                                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12. <b>Calc</b>   |                                                   | onthly income for the year.                                    |                                                                                             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12a.              | Copy your total curre                             | ent monthly income from line                                   | 11                                                                                          | Copy line 11 here                      | 12a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$6,492.18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                   | Multiply by 12 (the n                             | umber of months in a year).                                    |                                                                                             |                                        | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | x 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 12b.              | The result is your an                             | nual income for this part of the                               | ne form.                                                                                    |                                        | 12b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$77,906.16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3. Calcı          | ılate the median fam                              | ily income that applies to yo                                  | วน. Follow these steps:                                                                     |                                        | . San Carrier San |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Fill in           | the state in which you                            | u live.                                                        | IL I                                                                                        |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                   | the number of people                              |                                                                |                                                                                             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                   |                                                   |                                                                | 5                                                                                           |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10 fin            | d a list of applicable n                          | nedian income amounts, do a                                    | of household<br>Online using the link specified in the<br>at the bankruptcy clerk's office. | separate                               | 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$91,646.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4. How            | do the lines compare                              | ?                                                              |                                                                                             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14a.              | X ine 12b is less tha<br>Go to Part 3.            | n or equal to line 13. On the                                  | top of page 1, check box 1, There i                                                         | is no presumption of abuse.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14b.              | ine 12b is more th<br>Go to Part 3 and fill       | an line 13. On the top of pag<br>out Form 22A-2.               | e 1, check box 2, The presumption                                                           | of abuse is determined by Form 22A     | -2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Part 3:           | Sign Below                                        |                                                                |                                                                                             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                   | By signing here, I dec                            | clare under penalty of perjury                                 | that the information on this stateme                                                        | ent and in any attachments is true and | 1 correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                   | - Jol                                             | < C. a                                                         | li O                                                                                        | Mest & No                              | / conect.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                   |                                                   | John C Akins                                                   |                                                                                             | Glenda Evangelist Akins                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 70027 <b>4</b> 00.000,700,0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                   | Date:: _ <u>}</u> /_                              | <u>2 5</u> /2015                                               | Date::                                                                                      | <u>\$185</u> 12015                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                   | lf you checked line 14                            | a, do NOT fill out or file Forn                                | 1 22A-2.                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - Afficiant contraction of the c |
|                   | f you checked line 14                             | b, fill out Form 22A-2 and file                                | e it with this form.                                                                        |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Form B 201A, Notice to Consumer Debtor(s)

In re John C Akins and Glenda Evangelist Akins / Debtors

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for

Glenda Evangelist Akins

X Date & Sign

Form B 201A, Notice to Consumer Debtor(s)

Page 2 of 2